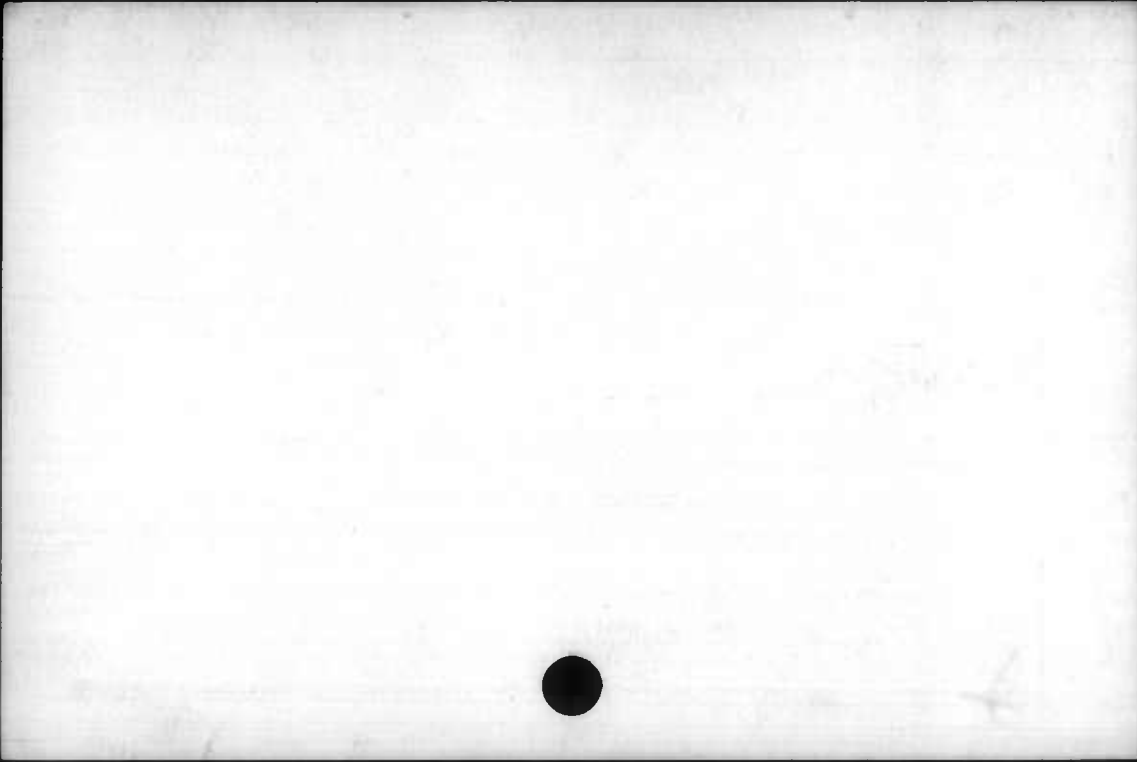


Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Brooklyn</u> <small>Town</small>		<u>a. a.</u> <small>County</small>	
		Date of death <u>1909</u> <small>Month</small> <u>Feb.</u> <small>Day</small> <u>19th</u>		<u>9</u> <small>Years</small> <u>9</u> <small>Months</small> <u>—</u> <small>Days</small>	
		Sex <u>Female</u> <small>Color or Race</small> <u>White</u>		<small>Birth-place</small> <u>Brooklyn.</u>	
		Occupation <u>None</u>		<small>Where Residing if not at place of death</small> <u>Brooklyn</u>	
		<small>Married, Single or Widowed</small> <u>Single</u>		<small>Name of Wife or Husband</small> <u>None</u>	
		<small>Father's Name</small> <u>George Baker</u>		<small>Father's Birthplace</small> <u>Maryland</u>	
		<small>Mother's Maiden Name</small> <u>Rose Lawrie</u>		<small>Mother's Birthplace</small> <u>Maryland</u>	
<small>Name of person giving information</small> <u>George I Baker</u>		<small>How related to deceased</small> <u>Father.</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		<small>Primary</small> <u>Tubercular Meningitis</u>		<small>How long</small> <u>10 days</u>	
		<small>Immediate</small> <u>Toxinemia</u>		<small>How long</small> <u>"</u>	
		<small>Are the name, age, sex, color, date and place correctly given above?</small> <u>yes</u>		<small>Signature of Physician</small> <u>William D. Foot M.D.</u>	
		<small>Accident or Suicide?</small> <u>No</u>		<small>Address</small> <u>#1024 Madison Ave., Baltimore, Md.</u>	



Name
in
Full

CERTIFICATE OF DEATH

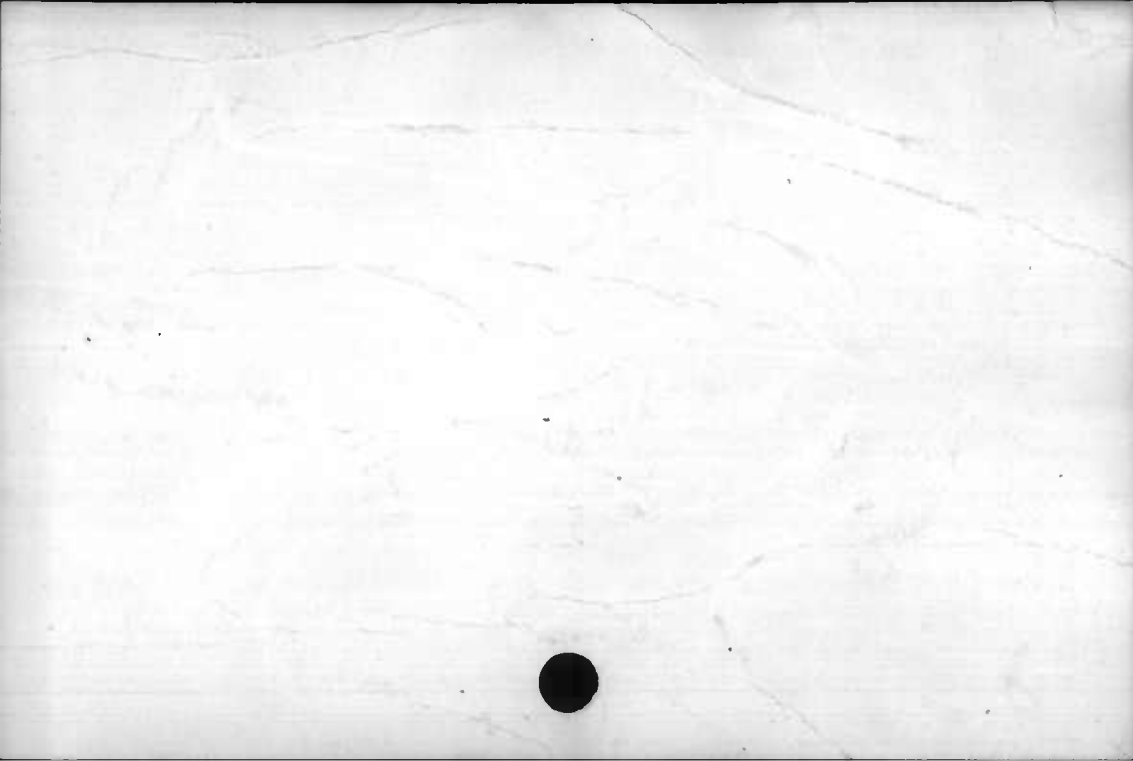
TO BE ANSWERED BY
NEAREST FRIENDName in Full *Ms. Anna Evelyn Bannon*Died at *Jessup* Town*Anne* County

MARYLAND

Date of death *1909 Febry*Day *23*Age *77* YearsMonths *5*Days *0*Sex *Female*Color or Race *White*Birth-place *Anne Arundel Co.*Occupation *Housewife*Where Residing if not at place of death *Jessup*Married, Single or Widowed *Single*Name of Wife or Husband *Michael Bannon*Father's Name *Amos Clark*Father's Birthplace *Howard Co. Md*Mother's Maiden Name *Not known*Mother's Birthplace *Not known*Name of person giving information *Joseph Bannon*How related to deceased *Son*

CAUSES OF DEATH

10PHYSICIAN
OR CORONERPrimary *Grip*How long *4 or 5 days*Immediate *Pneumonia*How long *3 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Wm R. Eaneckson*Address *Elk Ridge, Md.*Accident or Suicide? *Accident*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Joseph Black*

Town

County

Date

of death *1909*

Month

Feb.

Day

7th

Age

Years

29

Months

Days

Sex

*Male*Color or
Race*Negro*Birth-
place*South Carolina*

Occupation

*Labourer*Where Residing if not
at place of death*Trairfield*Married, Single
or Widowed*Married*Name of Wife or
Husband*Emma Black*Father's
Name*Not Obtained*Father's
Birthplace*S. Carolina*Mother's
Maiden Name*Not Obtained*Mother's
Birthplace*S. Carolina*Name of person giving
In formation*Lewis Vandenberg*How related
to deceased*Friend*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis Pulmonalis

How long

2 yrs.

Immediate

Cardiac Asthenia

How long

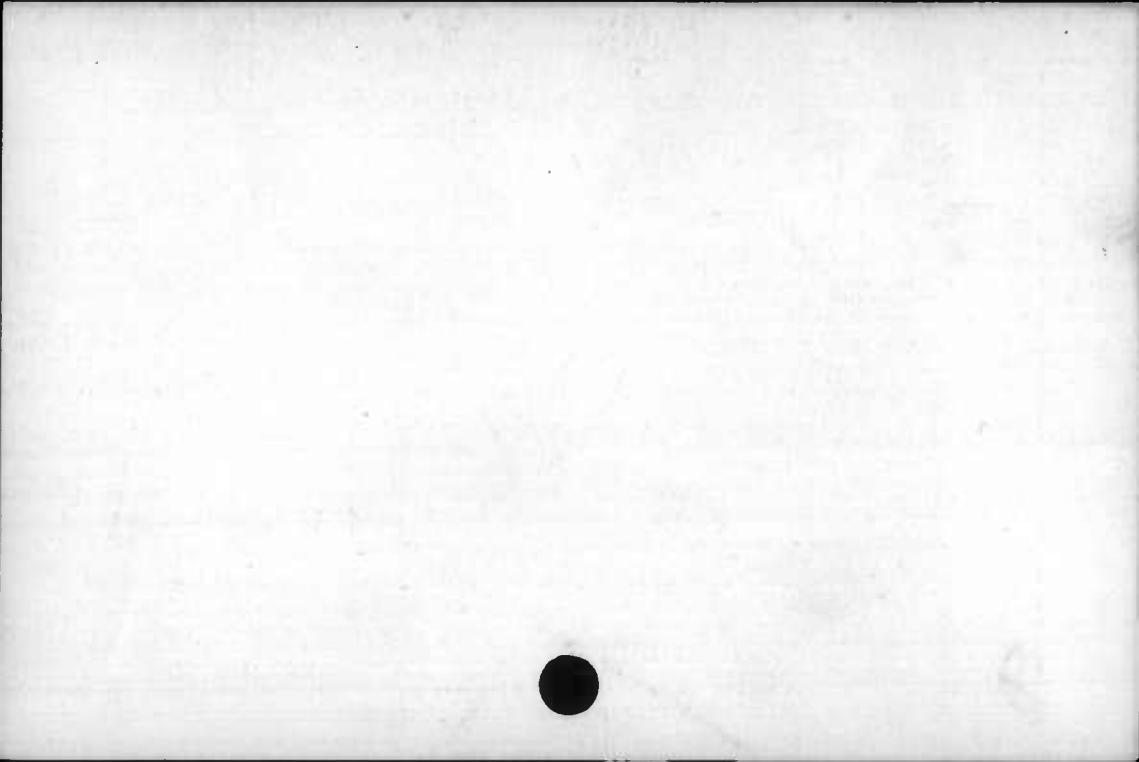
*2 weeks.*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*William D. Scott - M.D.*

Address

*#1024 - Madison Ave.,
Baltimore, Maryland.*

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

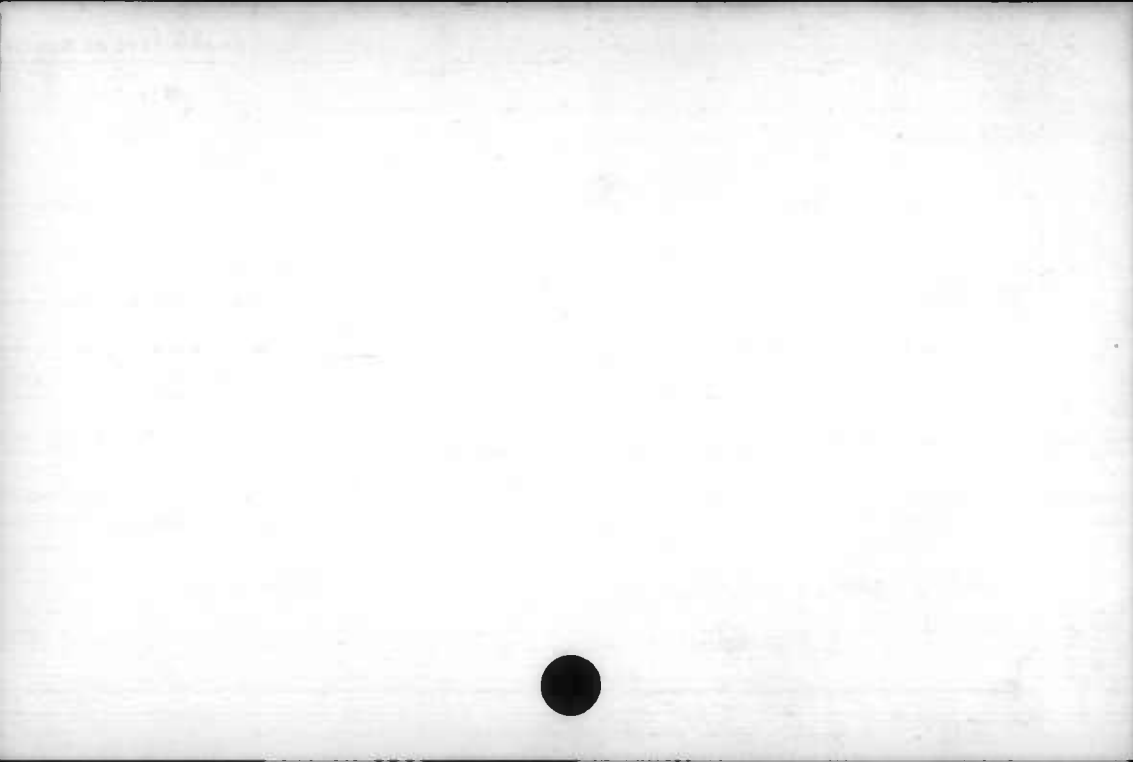
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alethea Blandford</i>		Town <i>Hammond's 2^d dist</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at		Month <i>Feb</i>		Day <i>27</i>		Years <i>35</i>	
Date of death <i>1909</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Calvert Co Md</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Blandford</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Geo Blandford</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Six months</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm S Welch</i>
Accident or Suicide <i>—</i>	Address <i>Annapolis</i>



Name
in
Full

CERTIFICATE OF DEATH

Jennie Elizabeth Brady

Town

County

MARYLAND

Died at *Beyard**Anne Arundel*

Date

Month

Day

Years

Months

Days

of death

*1909 February**24*

Age

*5**20*

Sex

*Female*Color or
Race*White*Birth-
place*Anne Arundel Co*

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Wye Brady*Father's
Birthplace*AA Co Md*Mother's
Maiden Name*Singer Taylor*Mother's
Birthplace*Calver Co Md*Name of person giving
In formation*Wye Brady*How related
to deceased*Father*

CAUSES OF DEATH

61

Primary

Not known

How long

Immediate

Meningitis

How long

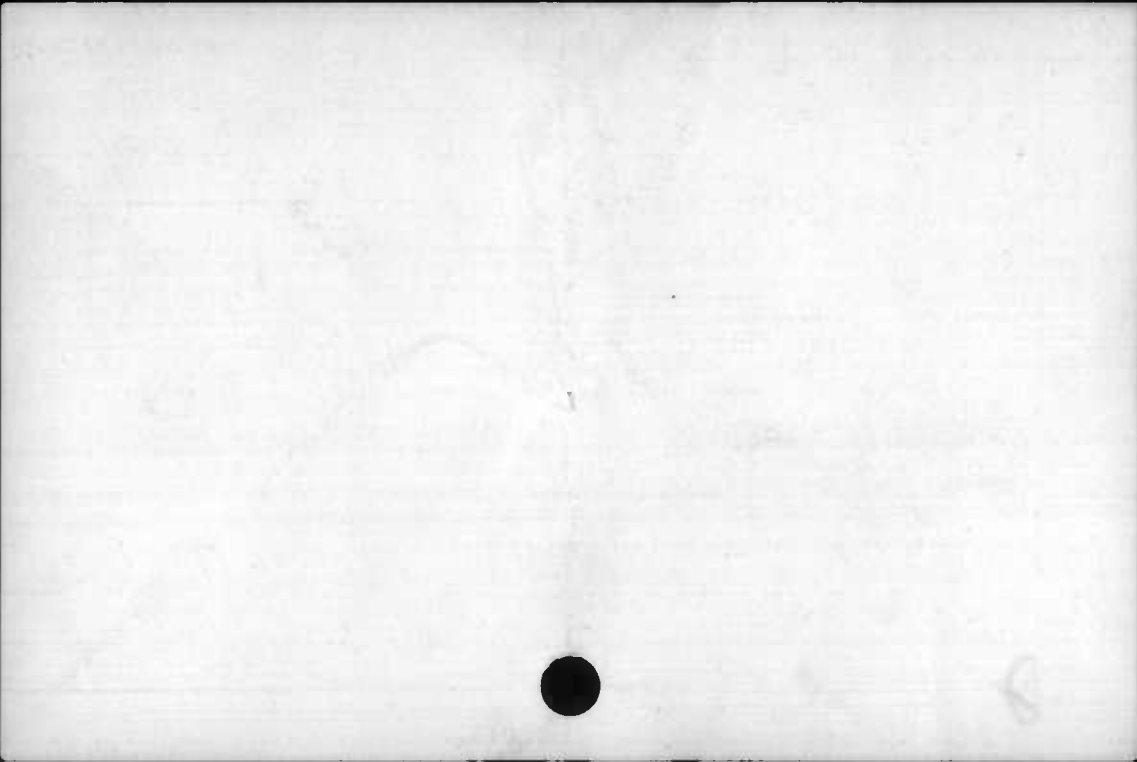
*5 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Maclan Lawood, M.D.
West River
Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

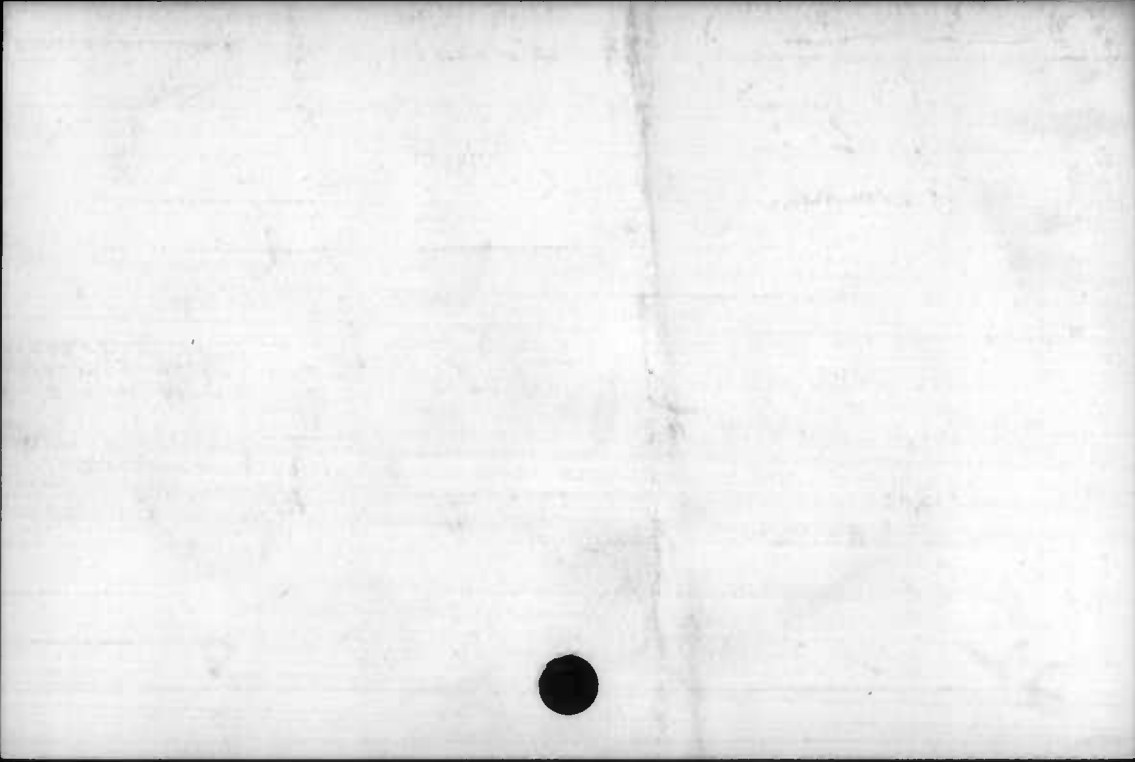
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town <i>Brown</i> County <i>Atter-</i>		MARYLAND	
Date of death <i>1909 Feb 2nd</i>	Month <i>Feb</i> Day <i>2nd</i> Age <i>a few hrs</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>wh</i>	Birth-place <i>Annapolis</i>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>John W. Brown</i>	Father's Birthplace <i>Atter- wh</i>		
Mother's Maiden Name <i>Annie Brown</i>	Mother's Birthplace <i>Atter- wh</i>		
Name of person giving information <i>Annie S. Brown</i>	How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>a few hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John D. Doughty</i>
	Address <i>Annapolis</i>
Accident or Suicide?	

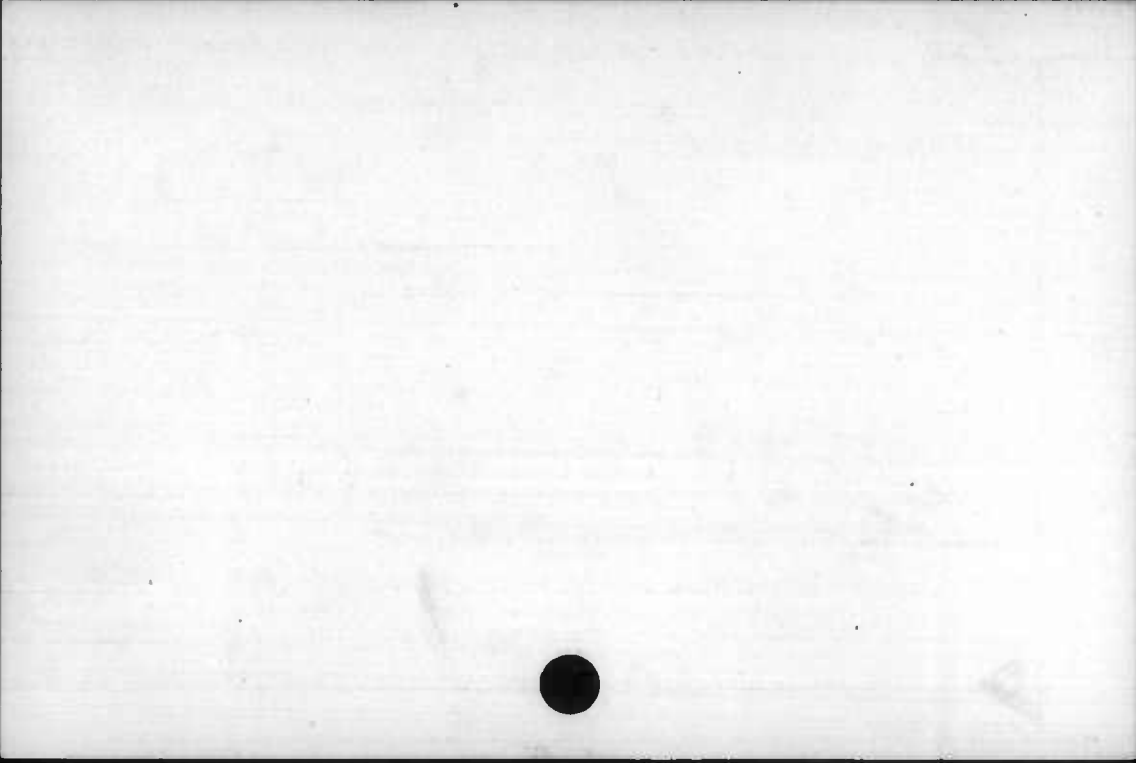


Name in Full		John P. Carneal				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Masonville		County A. A.		MARYLAND
	Date of death		1909	Month July	Day 18	Age Years ✓	Months 3
	Sex Male		Color or Race white		Birth-place Md.		Days ✓
	Occupation ✓				Where Residing if not at place of death ✓		
	Married, Single or Widowed ✓		Name of Wife or Husband ✓				
	Father's Name William Carneal				Father's Birthplace Va		
	Mother's Maiden Name Gertie Eades				Mother's Birthplace Md.		
Name of person giving information William Carneal				How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Congestion Lungs				How long 2 days		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician J. B. Horton M.D.		
	Address Do. Batts. Md.				Address Do. Batts. Md.		
Accident or Suicide?							



10

Name in Full		Herbert J. Clark				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Sollers				Anne Arundel			
	Date of death	1909	Month	Feb	Day	24	Age	
					Years	1	Months	
						3	Days	
						14		
Sex	Male		Color or Race	Colored		Birth-place	Anne Arundel	
Occupation			Where Residing if not at place of death				Sollers A A & Co	
Married, Single or Widowed	Single		Name of Wife or Husband					
Father's Name	Judsons Clark					Father's Birthplace	N. Carolina	
Mother's Maiden Name	Rosa Potter					Mother's Birthplace	Maryland	
Name of person giving information	Rosa Clark					How related to deceased	Mother	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; width: 50px; margin: 0 auto; padding: 5px;">92</div>								
PHYSICIAN OR CORONER	Primary	Broncho-Pneumonia					How long	One Week
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	John C. Stever	
						Address	Brooklyn A A & Co Md	
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

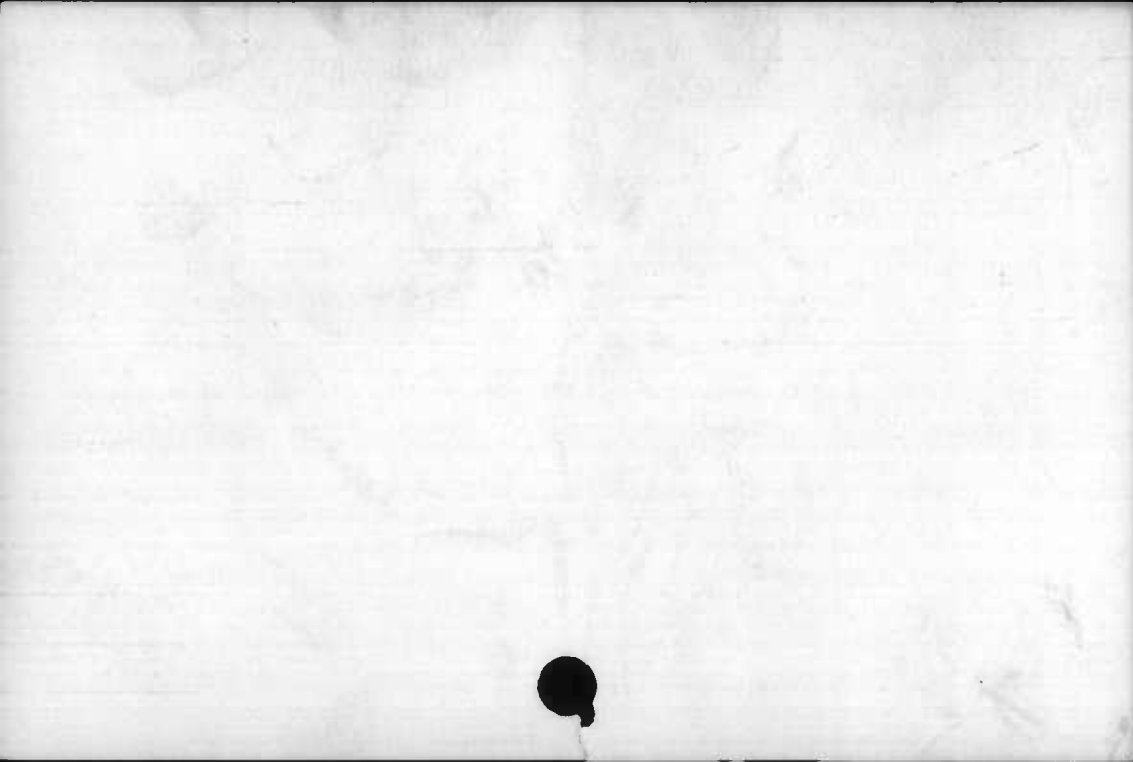
Died at <i>Compass</i> Town <i>A.A. Co.</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb.</i>	Day <i>12</i>	Years <i>6</i> Months <i>12</i> Days
Sex <i>male</i>	Color or Race <i>Colored</i>	Birth-place <i>Compass, A.A. Co.</i>	
Occupation <i>not any</i>	Where Residing if not at place of death <i>Compass, A.A. Co.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Thomas E. Cole</i>	Father's Birthplace <i>Baltimore, Md.</i>		
Mother's Maiden Name <i>Mary Anderson</i>	Mother's Birthplace <i>Compass, A.A. Co.</i>		
Name of person giving information <i>Thomas E. Cole</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

88

PHYSICIAN
OR CORONER

Primary <i>Laryngismus stridulus</i>	How long <i>6 hours</i>
Immediate <i>asphyxiation</i>	How long <i>one hour</i>
Are the name, age, sex, color, race and place correctly given above? <i>yes</i>	Signature of Physician <i>D. P. Huber</i>
	Address <i>600 North St., Annapolis, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
FullMartha W Cole
Town Annapolis County A: A

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis A: A
 Date of death 1909 Feb 18 Age 60 Months 11 Days 18
 Sex Female Color or Race White Birth-place Maryland
 Occupation House Wife Where Residing, if not at place of death
 Married, Single or Widowed Widowed Name of Wife or Husband Geo W Haislett
 Father's Name Leo W Haislett Father's Birthplace Pennsylvania
 Mother's Maiden Name Martha W Haislett Mother's Birthplace Annapolis
 Name of person giving Information Harry F Cole How related to deceased Son

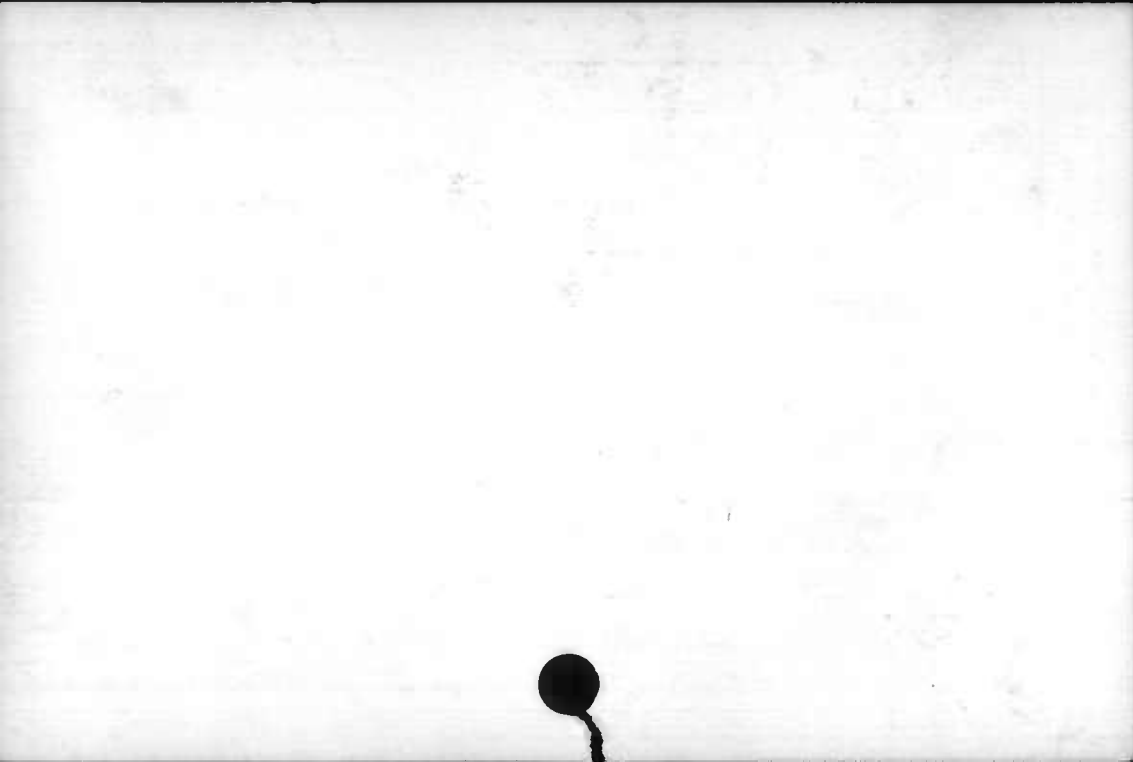
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

113

PHYSICIAN
OR CORONER

Primary Cholelithiasis How long not known
 Immediate Trauma How long 2 weeks
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician Walton H Hopkins MD
 Address Annapolis Md
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Philip Covington

Town

County

Died at Annapolis

MARYLAND

Date

of death

1909

Month

Feb

Day

17

Age

Years

68

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Virginia

Occupation

Labor

Where Reaiding if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Huaband

Susan Covington

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Neme of person giving
Information

Rosie Scott

How related
to deceased

Handdaughter

CAUSES OF DEATH

93

Primary

Pneumonia

How long

2 Weeks

Immediate

Cardiac Failure

How long

3 hours

Are the name, age, sex, color, date
and plice correctly given above?

Yes

Signature of
Physician

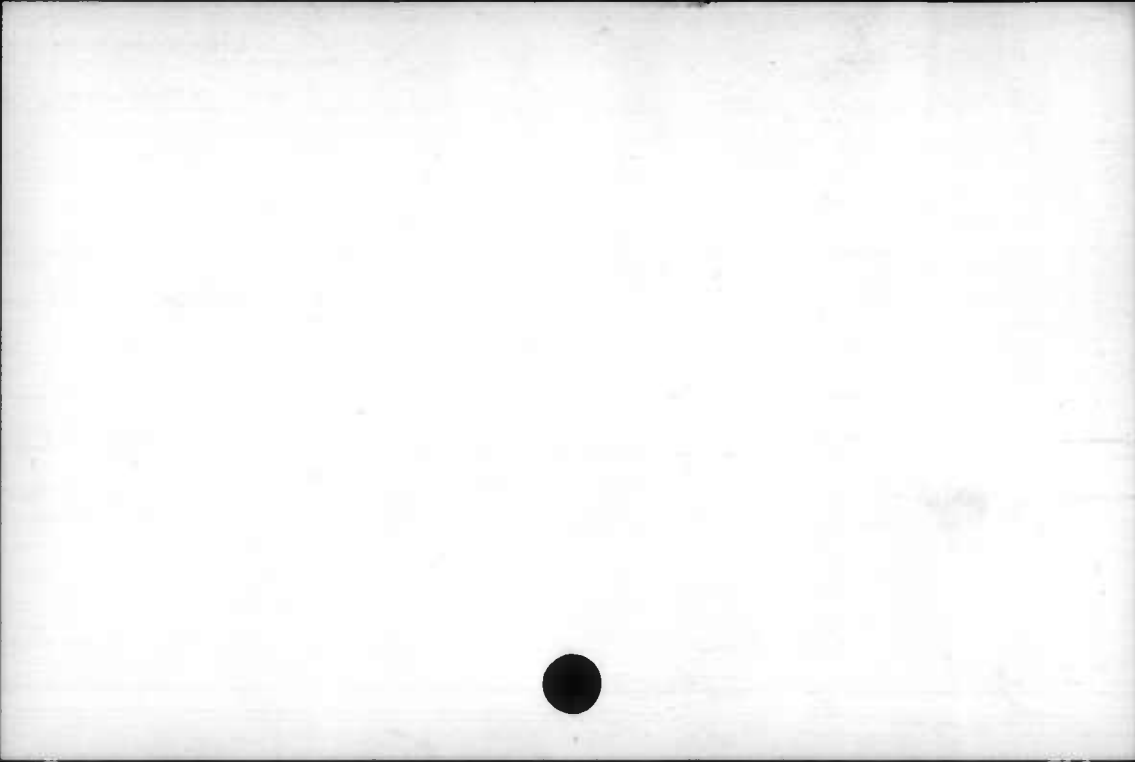
Address

P. P. Kline
66 Cathedral St.
Annapolis, Md.

Accident or Suicide

No.

PHYSICIAN
OR CORONER



Name
in
Full

Alverda Jane Crisp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lithicum</u> <small>Town</small>		<u>Anne Amundell</u> <small>County</small>		MARYLAND	
Date of death	190 <u>9</u> <small>Month</small> <u>Feb</u> <small>Day</small>	Age	<u>78</u> <small>Years</small> <u>72</u> <small>Months</small>	<u>11</u> <small>Months</small>	<u>4</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Anne Amundell Co</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>2709 St Paul St.</u>		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>J. Grafton Crisp</u>		
Father's Name	<u>William Shufley</u>		Father's Birthplace	<u>Maryland</u>	
Mother's Melden Name	<u>Sarah Luthcum</u>		Mother's Birthplace	<u>Es</u>	
Name of person giving information	<u>William Crisp</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Nephritis & Diabetes</u>	How long	<u>Years - 4 wks.</u>
Immediate	<u>Exhaustion & Dementia</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>William Luthcum</u>
		Address	<u>1800 N. Chas Dr</u> <u>Bethesda Md</u>
Accident or Suicide	<u>No</u>		

Stewart & Bowen Co.
Funeral Directors

215 Park Ave
Baltimore Md.
for Interment in

Green Mount Cemetery

February 21st 1909.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>3rd St</i>		Town <i>Ad</i>	County	MARYLAND	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>25</i>	Age <i>55</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Atlanta, Ga</i>			
Occupation <i>Farm Laborer</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Gant</i>				
Father's Name <i>Not known</i>	Father's Birthplace <i>Ga</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Ga</i>				
Name of person giving Information <i>S. R. Colburn</i>	How related to deceased <i>Neighbor</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>2 yrs</i>
Immediate <i>Coma</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. Ridout</i>
	Address <i>Chapel Hill, N.C.</i>
Accident or Suicide	<i>R. L. D. No 1</i>

$$\begin{array}{r}
 120 \\
 \hline
 081 \\
 \hline
 448 \\
 \hline
 8120 \\
 \hline
 720 \\
 \hline
 081
 \end{array}$$

$$\begin{array}{r}
 891 \\
 \hline
 31 \\
 \hline
 86 \\
 \hline
 121 \\
 \hline
 21
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$$\begin{array}{r}
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 864 \\
 \hline
 2304
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$$\begin{array}{r}
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 24 \\
 \hline
 432 \\
 432 \\
 \hline
 864
 \end{array}$$

Name
in
Full

CERTIFICATE OF DEATH

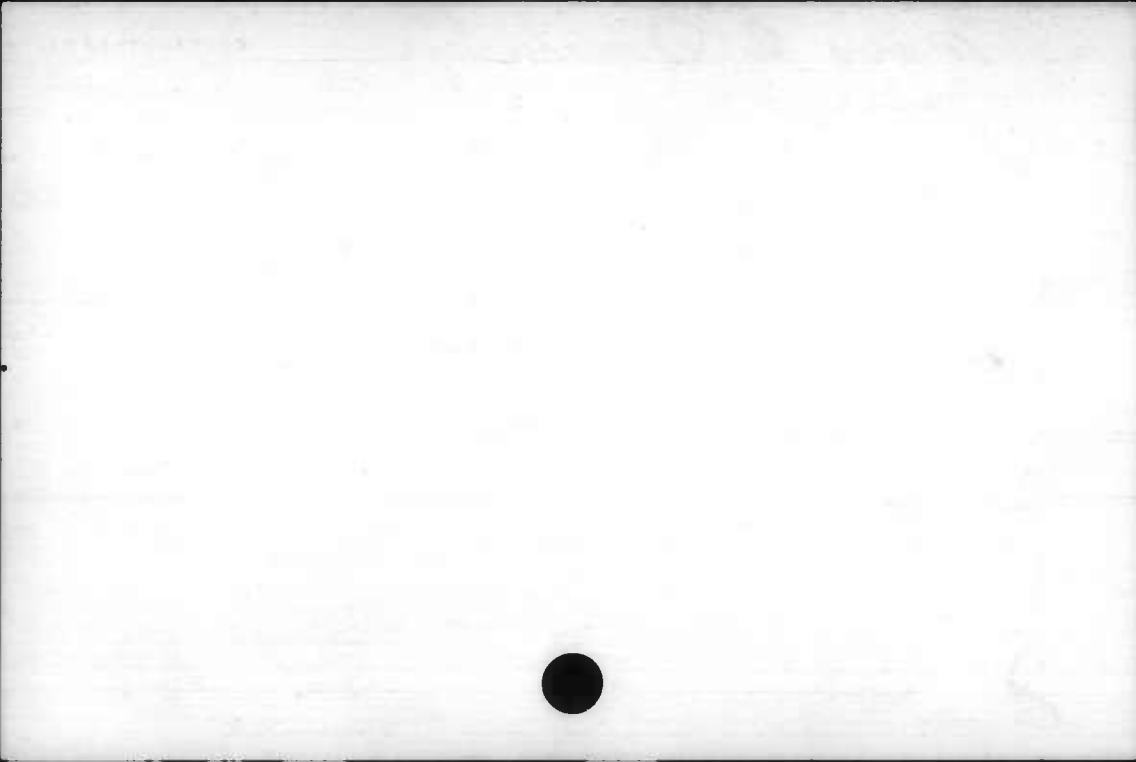
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>A. A.</i>		State <i>MARYLAND</i>	
Date of death	1909	Month	Feb	Day	10	Age	Years
Sex	Female		Color or Race	Colored		Birth-place	Annapolis Md
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Charles Simpkins				Father's Birthplace	Annapolis Md	
Mother's Maiden Name	Hattie Denny				Mother's Birthplace	Annapolis Md	
Name of person giving Information	Priscilla Denny				How related to deceased	Grandmother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Difficent circulation of the blood		How long	A. short
Immediate			How long	time only
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		John Ridout MD		
		Address		
		Annapolis Md		
Accident or Suicide				



Name
in
Full

Mary E. Donaldson

CERTIFICATE OF DEATH

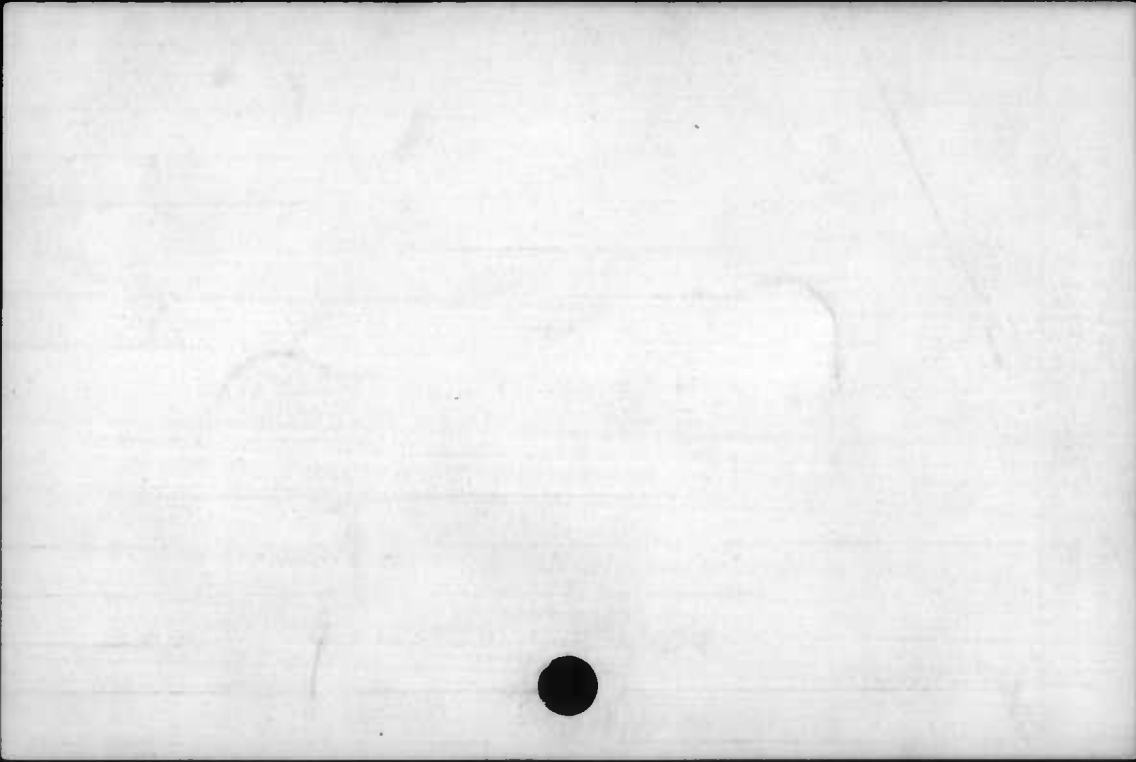
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodardville</i> Town		<i>A. A.</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Feb</i>	Day <i>10</i>	Age <i>64</i>	Months <i>7</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>	
Occupation			Where Residing If not at place of death <i>Woodardville</i>		
Married, Single <i>Yes</i>		Name of Wife or Husband <i>John Donaldson</i>			
Father's Name <i>Leonard Sherries</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>John Donaldson</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

Primary	<i>Cancer (Carcinoma of breast)</i>	How long <i>43</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. W. Penick</i>
		Address <i>Quincy, Md.</i>
Accident or Suicide?	<i>No.</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Gable* Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis* Month *Feb.* Day *8* Years *46* Months *10* Days *26*

Date of death *1909* Age *46*

Sex *Male* Color or Race *White* Birth-place *Annapolis*

Occupation *Locomotive Engineer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Agnes E. Gable*

Father's Name *John Gable* Father's Birthplace *America*

Mother's Maiden Name *Mary Woolmer* Mother's Birthplace *Germany*

Name of person giving information *John T. Gable* How related to deceased *Son*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Ulcer of Stomach and Intestine* How long *6 months*

Immediate *Intestine* How long *Two days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Geo. Wells*

Address *Annapolis Md.*

Accident or Suicide *No.*



Name
in
Full

Alice Harden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Head of Bodkin Creek</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>7</i>	Age <i>2</i>	Months <i>2</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Robert L. Lee</i>			Father's Birthplace <i>Anne Arundel Co</i>		
Mother's Maiden Name <i>Annie Hall</i>			Mother's Birthplace <i>Anne Arundel Co</i>		
Name of person giving Information <i>Annie Hall</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Acute gastro-enteritis. acute.</i>	How long	
Immediate	<i>Acute Intestinal Intoxication</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James S. Bealingsher M.D.</i>	
Accident or Suicide <i>No</i>		Address <i>Armed</i>	



Name
in
Full

Annie Waters Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

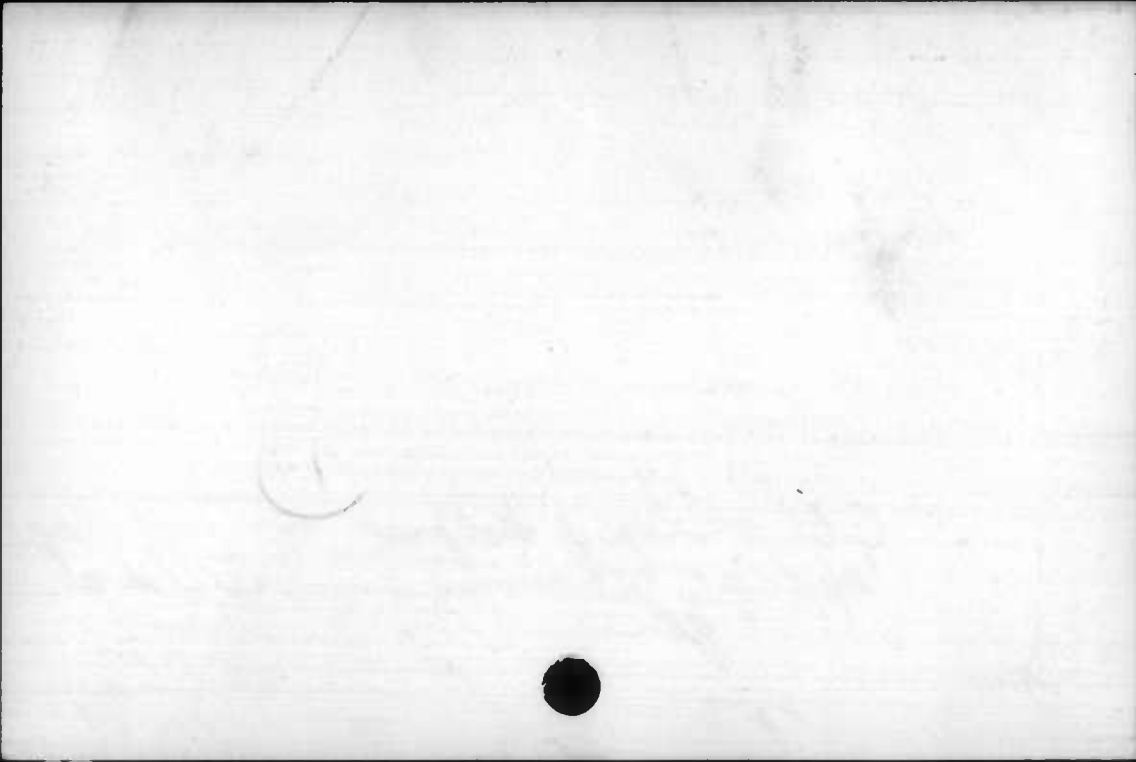
Died at		Town Hanover P.O.		County Anne Arundel		MARYLAND	
Date of death		Month 9	Day 2	Years 57	Months 1		Days 12
Sex Female		Color or Race Negro		Birth-place Howard Co ^{md}			
Occupation Housewife				Where Residing if not at place of death _____			
Married, Single or Widowed Married		Name of Wife or Husband Nicholas Green		Father's Name Wm Waters		Father's Birthplace Unknown	
Mother's Maiden Name Rachael				Mother's Birthplace Unknown			
Name of person giving information Charlotte Cole				How related to deceased Cousin			

CAUSES OF DEATH

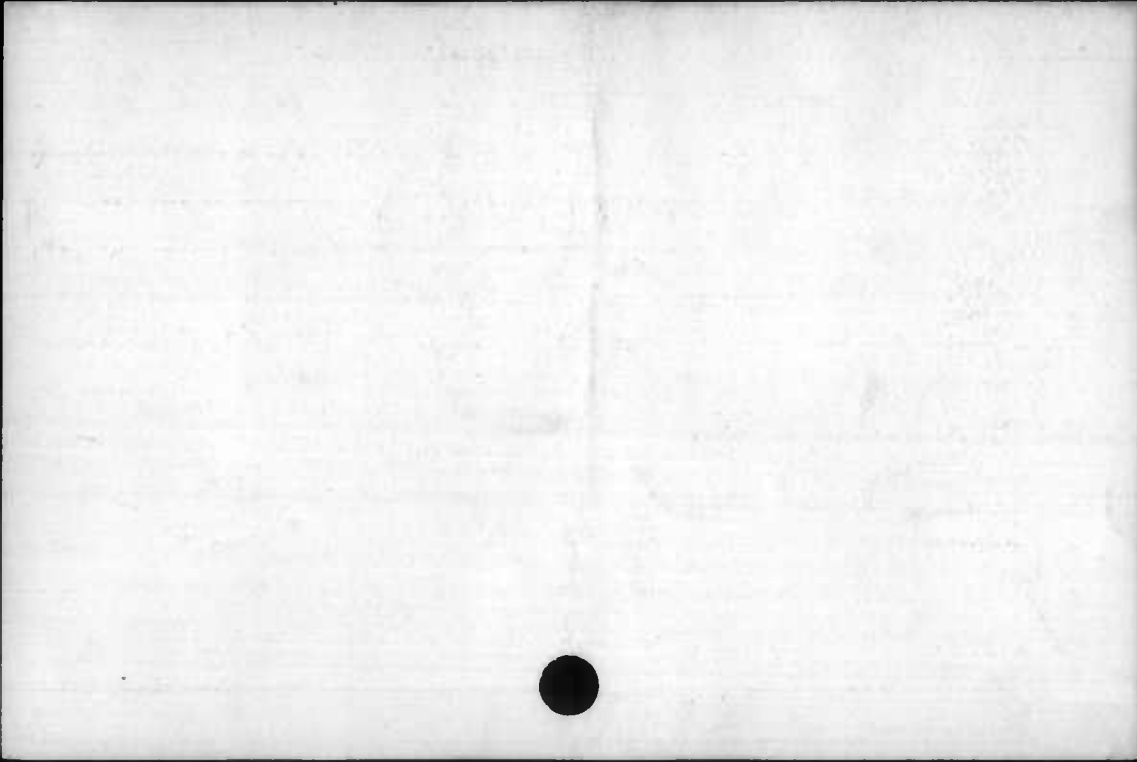
79

PHYSICIAN
OR CORONER

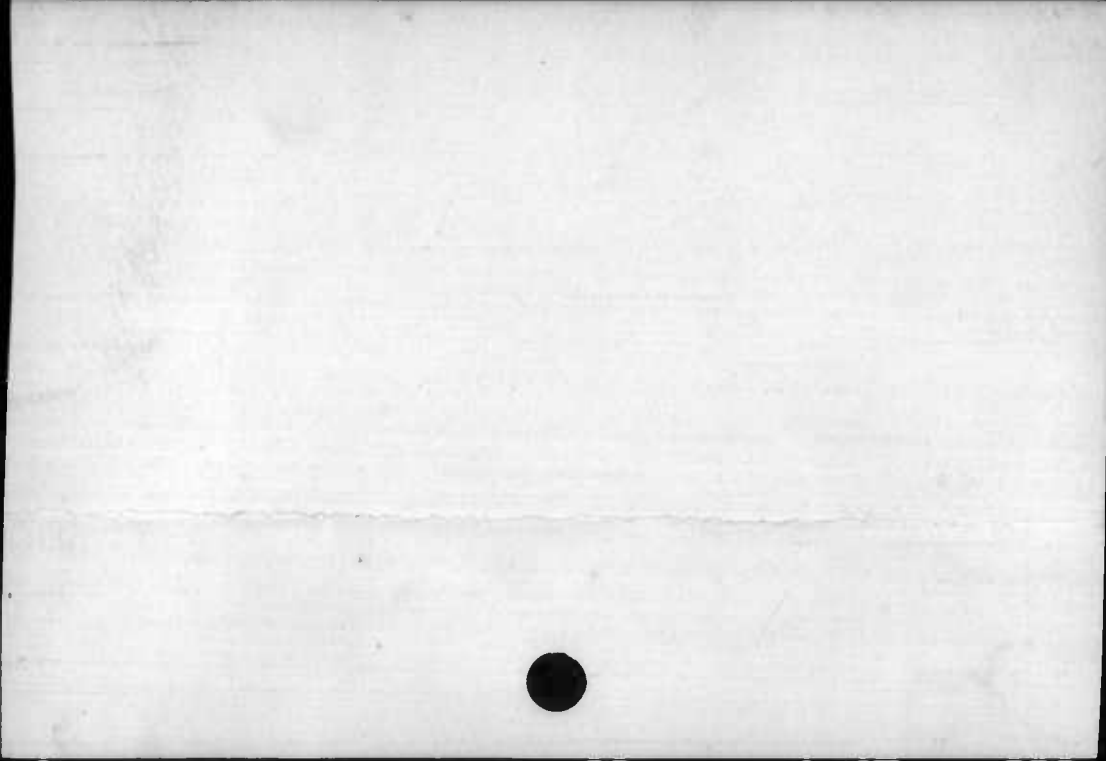
Primary	Mitral Insufficiency	How long 5 yrs
Immediate	Mitral Insuf. & Cardiac dropsy	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Thos. P. Benson
Yrs		Address Hanover Md
Accident or Suicide?		



Name in Full		John W J Hamilton				CERTIFICATE OF DEATH	
Town		Annapolis		County		Anne Arundel MARYLAND	
Date of death		1909	Month	February	Day	3	Age
						Years	48
Sex		Male		Color or Race		Colored	
Occupation		Laborer		Birth-place		A. A. Co. Ind	
Where Residing if not at place of death		Charles St.					
Married, Single		Married		Name of Wife or Husband		Charlotte Hamilton	
Father's Name		Lyndon H. Hamilton		Father's Birthplace		A. A. Co. Ind	
Mother's Maiden Name		Maranda Brown		Mother's Birthplace		A. A. Co. Ind	
Name of person giving information		Wife Charlotte Hamilton		How related to deceased		Wife	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">64</div>							
Primary		Apoplexy of Cerebral		How long		35 days	
Immediate		Cardiac & hemorrhagic		How long		2 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		D. P. Deane	
				Address		Annapolis Md	
Accident or Suicide?		No					



Name in Full		Maud Hammond				CERTIFICATE OF DEATH	
Died at		Odenton		Anne Arundel		MARYLAND	
Date of death		1909	Month February	Day 4 th	Age 20	Months	Days 19
Sex Female		Color or Race white		Birth-place Maryland			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife or Husband John Thomas Hammond					
Father's Name		Hood				Father's Birthplace Maryland	
Mother's Maiden Name Mary Ann Lowman						Mother's Birthplace Maryland	
Name of person giving information J. J. Hammond						How related to deceased husband	
CAUSES OF DEATH							
Primary		La Grippe				How long 22 days	
Immediate		Lobar Pneumonia				How long 9 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician O. H. Hammond			
Address		Odenton Md.					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

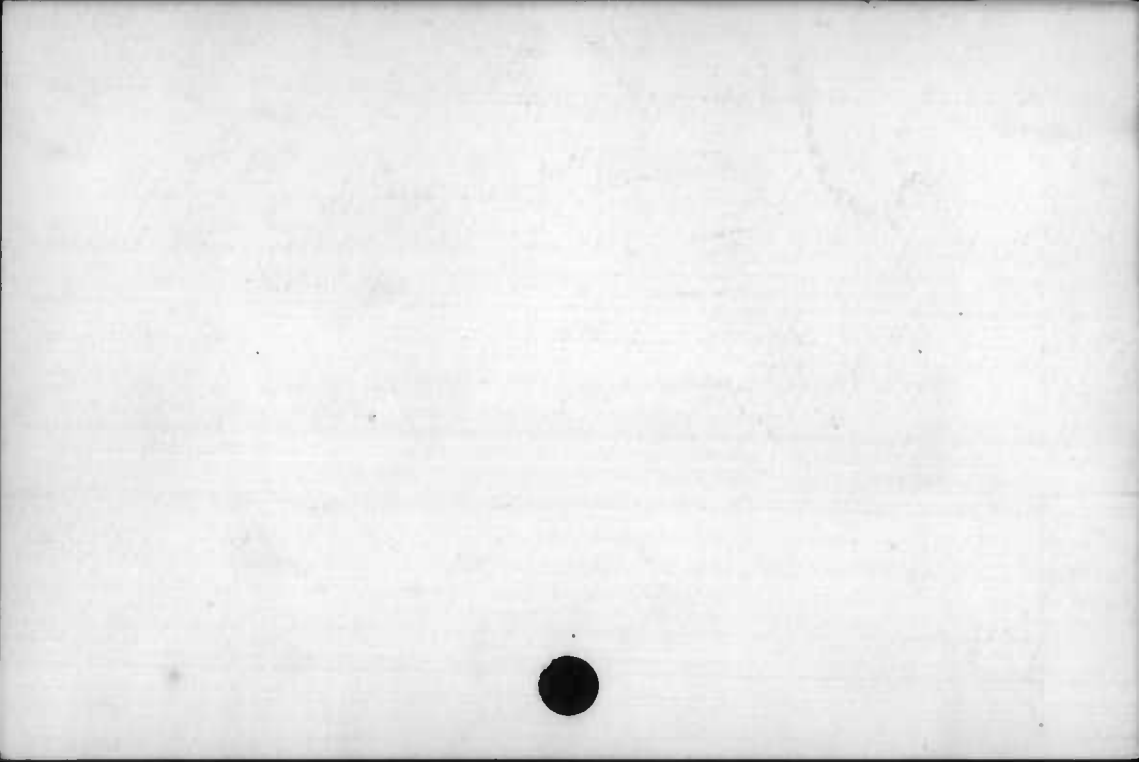
Name in Full <i>Joshua D. Hursey</i>		Town <i>Carroll's Bay</i>		County <i>Anne Arundel Co</i>		MAYLAND	
Died at <i>Carroll's Bay</i>		Month <i>Feb</i>		Day <i>23</i>		Age <i>71</i>	
Date of death <i>1904</i>		Month <i>Feb</i>		Day <i>23</i>		Years <i>71</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>md</i>		Months <i>—</i>	
Occupation <i>electrician</i>		Where Residing if not at place of death <i>10 Pennings Ln</i>		Days <i>—</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary L. D. Hursey</i>		Father's Birthplace <i>md</i>		Mother's Birthplace <i>md</i>	
Father's Name <i>Joshua D. Hursey</i>		Mother's Maiden Name <i>Katherine Blitchard</i>		How related to deceased <i>daughter</i>			
Name of person giving In formation <i>Mrs. D. Bruce</i>							

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>		How long <i>unknown</i>	
Immediate <i>Exhaustion</i>		How long <i>one week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. B. Horton M.D.</i>	
		Address <i>Do. Balt. - Md.</i>	
Accident or Suicide? <i>X</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 3rd District		Alaco		MARYLAND	
Date of death	1909	Month	July	Day	7
Sex	Male	Color or Race	Colored	Birth-place	Alaco
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Gilbert Hunt			Father's Birthplace	Alaco
Mother's Maiden Name	Theresa Hunt			Mother's Birthplace	Alaco
Name of person giving information	Jessie Hunt			How related to deceased	Uncle

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	

Phv

2 99 7

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>3rd District</i> Town <i>A. D.</i> County		MARYLAND	
Date of death <i>1909 Feb 6</i>	Month <i>Feb</i>	Day <i>6</i>	Age <i>13</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>A. D. Co. Md.</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>James A. Ingram</i>		Father's Birthplace <i>A. D. Co. Md.</i>	
Mother's Maiden Name <i>Bessie Johnson</i>		Mother's Birthplace <i>A. D. Co. Md.</i>	
Name of person giving information <i>Samuel R. Colbert</i>		How related to deceased <i>Neighbor</i>	

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary	<i>Unilateral hemorrhage</i>	How long <i>2 days</i>
Immediate	<i>Heart failure</i>	How long <i>in few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. S. Ridout</i>
Accident or Suicide?		Address <i>Annapolis Md.</i> <i>R. F. B. 941</i>



Name
in
Full

CERTIFICATE OF DEATH

Annie Johnson

County Anne Arundel

MARYLAND

Died at Woodwardville

Date

of death

1909

Feb

Month

Day

7

Age

Years

33

Months

3

Days

19

Sex

Female

Color or Race

Negro

Birth-place

Pa

Occupation

Nursekeeping

Where Residing if not at place of death

Woodwardville Md

Married, Single or Widowed

Name of Wife or Husband

James Johnson

Father's Name

Henry Anderson

Father's Birthplace

Pa

Mother's Maiden Name

Eloza Anderson

Mother's Birthplace

Md

Name of person giving Information

Henry Anderson

How related to deceased

YB

CAUSES OF DEATH

Primary

Tuberculosis

How long

32 days

Immediate

Hemorrhage of lungs

How long

32

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. G. W. Pennington

Address

708 Enoch St

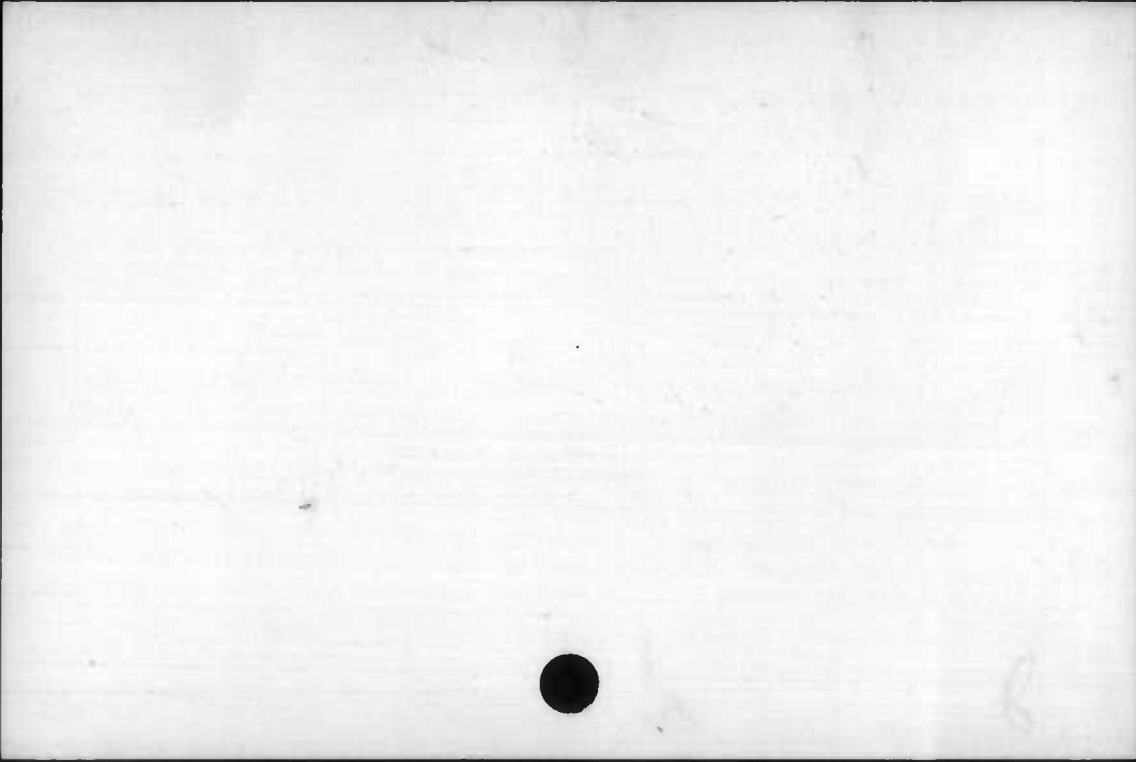
Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

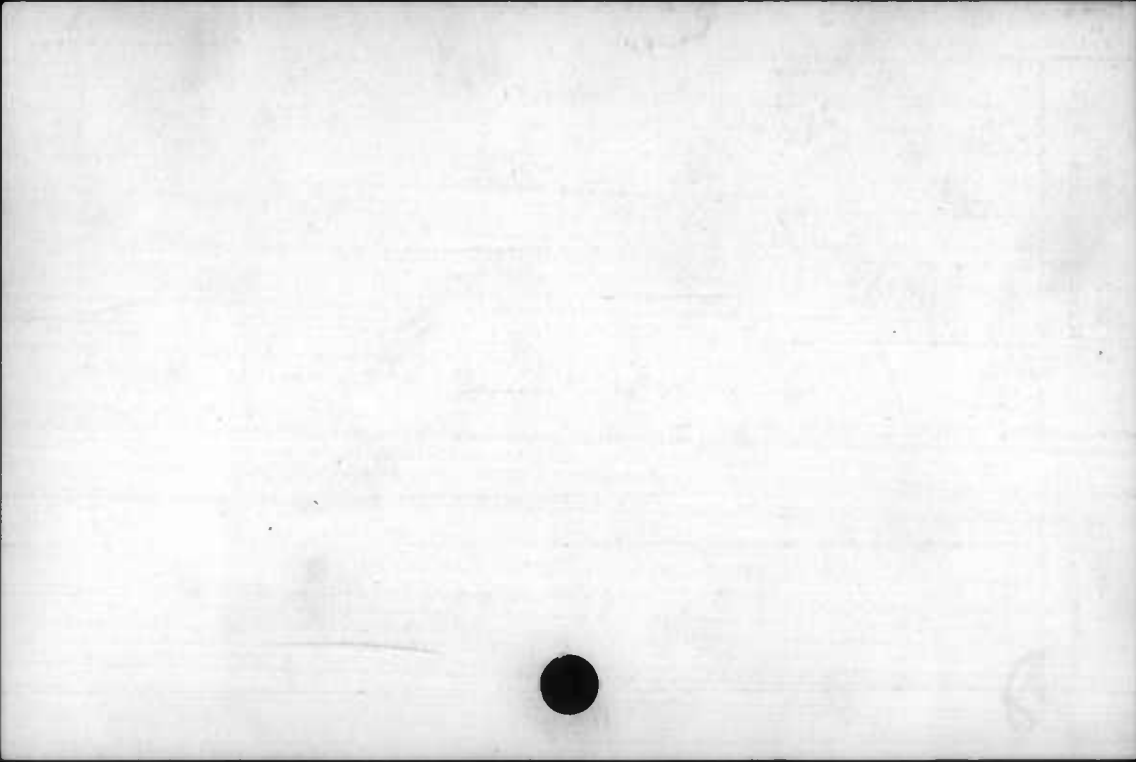
PHYSICIAN
OR CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Eastport</u>		<u>Kelley</u>		MARYLAND	
		Date of death <u>1909 Feb 11</u>		Years <u>11</u>		Months <u>10</u> Days <u>minute</u>	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Eastport Md</u>	
		Occupation <u></u>		Where Residing if not at place of death <u></u>			
		Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>			
		Father's Name <u>L. P. Kelley</u>		Father's Birthplace <u>Md</u>			
		Mother's Maiden Name <u>Julia O'Hara</u>		Mother's Birthplace <u>Annapolis Md</u>			
Name of person giving information <u>L. P. Kelley</u>		How related to deceased <u>Father</u>					
		CAUSES OF DEATH		152			
PHYSICIAN OR CORONER		Primary <u>Prolonged labor</u>		How long <u></u>			
		Immediate <u>Asphyxia</u>		How long <u>10 minutes</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Wm S Welch</u>			
		<u>J</u>		Address <u>Annapolis</u>			
		Accident or Suicide? <u></u>					



Name in Full		Edward Lewis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Franklin		Anne Arundel		MARYLAND	
	Date of death	1909	Feb	11	Age	26	Months Days
	Sex	Male		Color or Race	Black		Birth-place
	Occupation	Laborer		Where Residing if not at place of death		at place of death	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Unknown		Father's Birthplace		Unknown	
	Mother's Maiden Name	Unknown		Mother's Birthplace		Unknown	
	Name of person giving information	J. H. Perley		How related to deceased		Not at all	
<div style="display: flex; justify-content: space-between;"> <div> <p>CAUSES OF DEATH</p> <p>Primary: Tuberculosis</p> <p>Immediate:</p> </div> <div> <p>27</p> <p>How long: 3 mo.</p> <p>How long:</p> </div> </div>							
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
	Accident or Suicide?		no		Address		
					J. H. Perley Laurel Md		



Name
in
Full

Charles W. Maynard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

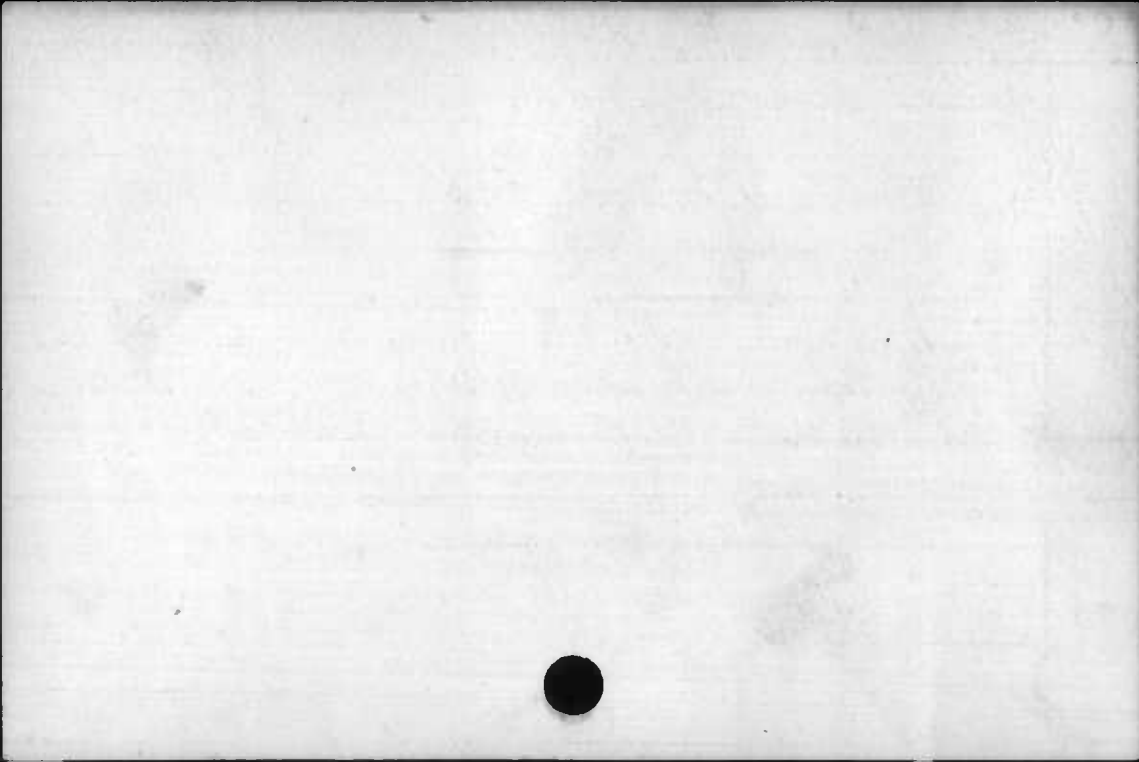
Died at 3 rd ^{Town} ^{Dist.}		County		A.D.	
Date of death 1909		Month Feb.	Day 16	Age	Years Months Days 23
Sex Male		Color or Race Colored		Birth-place A.D. Co. Md.	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name Charles Maynard			Father's Birthplace A.D. Co. Md.		
Mother's Maiden Name Rose Williams			Mother's Birthplace A.D. Co. Md.		
Name of person giving information S. L. Colbert			How related to deceased Neighbor		

CAUSES OF DEATH

175

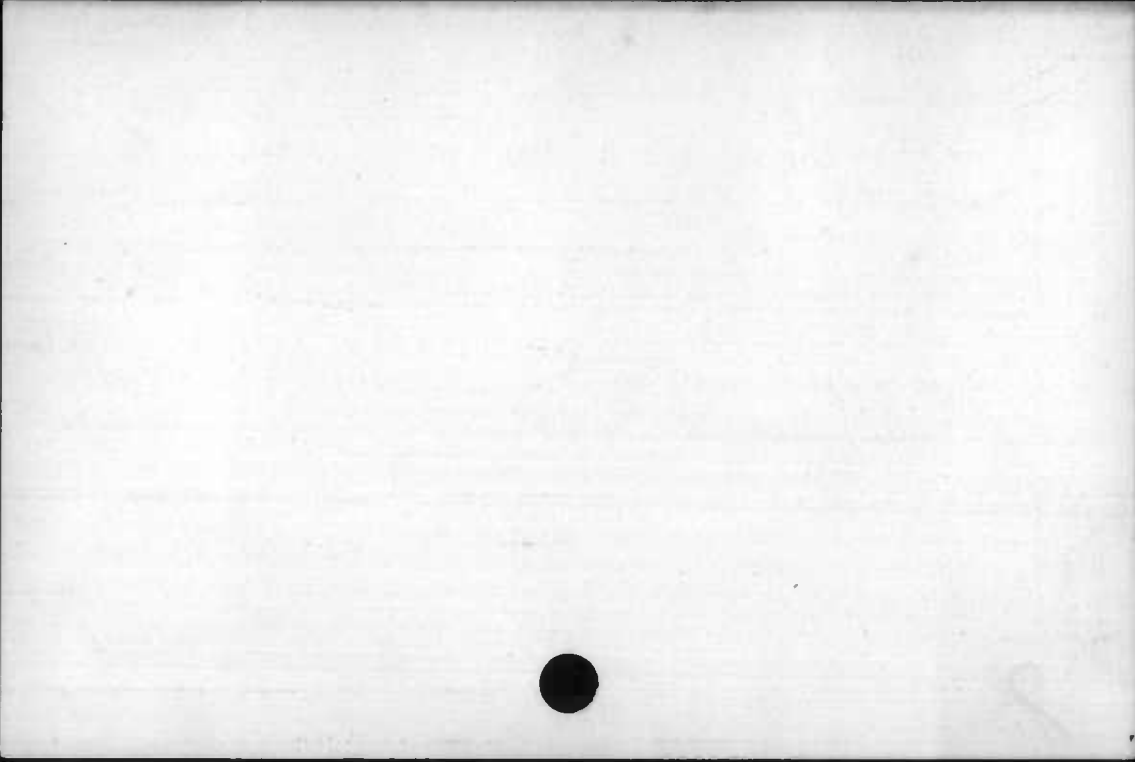
PHYSICIAN
OR CORONER

Primary	Opium overdose laudanum	How long 10 hours
Immediate	Coma	How long 9 hours
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. D. Ridout
		Address Annapolis Md.
Accident or Suicide? Accident		R. L. S. No 1



Name in Full		Robert Taylor Myers				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis.		Anne Arundel		MARYLAND		
	Date of death	1909	Feb	18th	Age	Months 3	Days 18	
	Sex	Male		Color or Race	White		Birth-place	Annapolis
	Occupation				Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband				
	Father's Name	Louis B. Myers				Father's Birthplace	Annapolis	
	Mother's Maiden Name	Elsie Elizabeth Taylor				Mother's Birthplace	Annapolis	
Name of person giving information		Louis B Myers				How related to deceased	Father.	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Morkus Cocculens				How long	Since birth	
	Immediate					How long	" "	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
	Accident or Suicide?		no		Address			
				Annapolis				
				Md				

150



Name
in
Full

Barbara Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

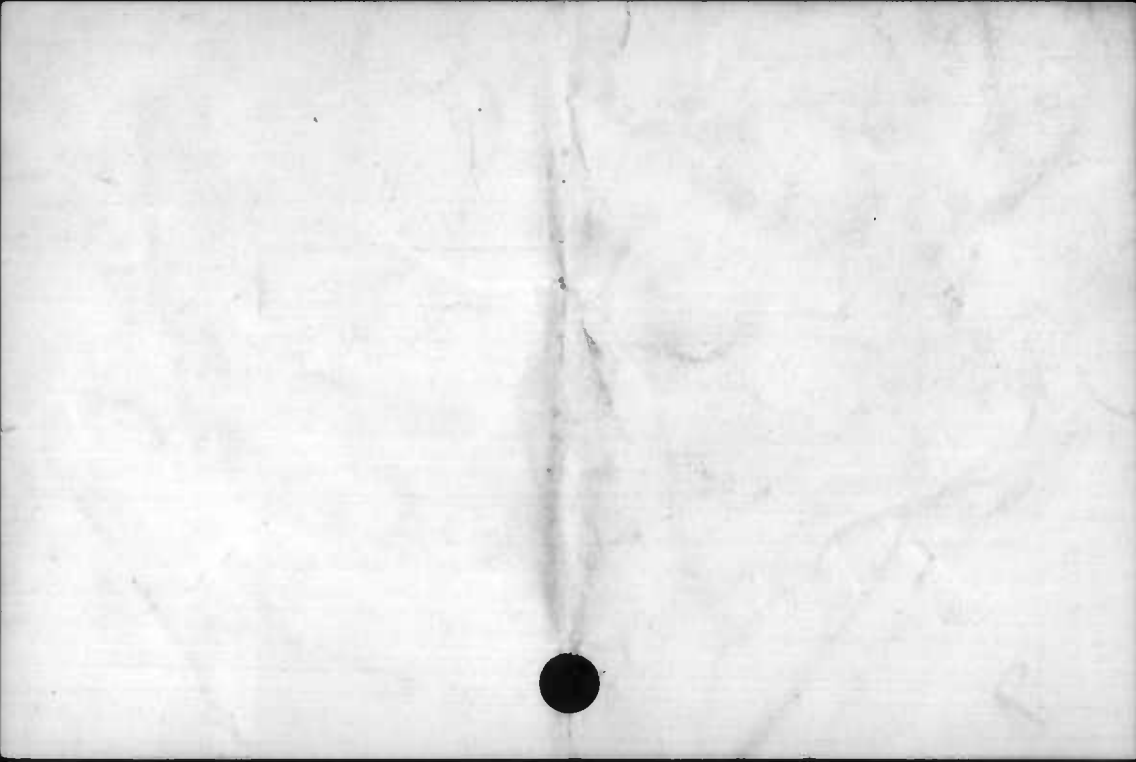
Died at <i>Bayards</i>		Town <i>Bayards</i>		County <i>Ann Arundel</i>		MARYLAND	
Date of death	1909	Month	Feb	Day	7	Age	48
Sex	Female	Color or Race	Colored	Birth-place	A.A. County		
Occupation	Housewife			Where Residing if not at place of death <i>Bayards</i>			
Married, Single or Widowed	Married		Name of Wife or Husband <i>John Nelson Parker</i>				
Father's Name	<i>Dory Brown</i>					Father's Birthplace	<i>A.A. Co. Md</i>
Mother's Maiden Name	<i>Mrs Margaret Whittington</i>					Mother's Birthplace	<i>A.A. Md</i>
Name of person giving information	<i>John N. Parker</i>					How related to deceased	<i>husband</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Not known, heart disease I think</i>		How long
Immediate	<i>Cardiac insufficiency</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Phelan Cawood M.D</i>	
Yes		Address <i>West River Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

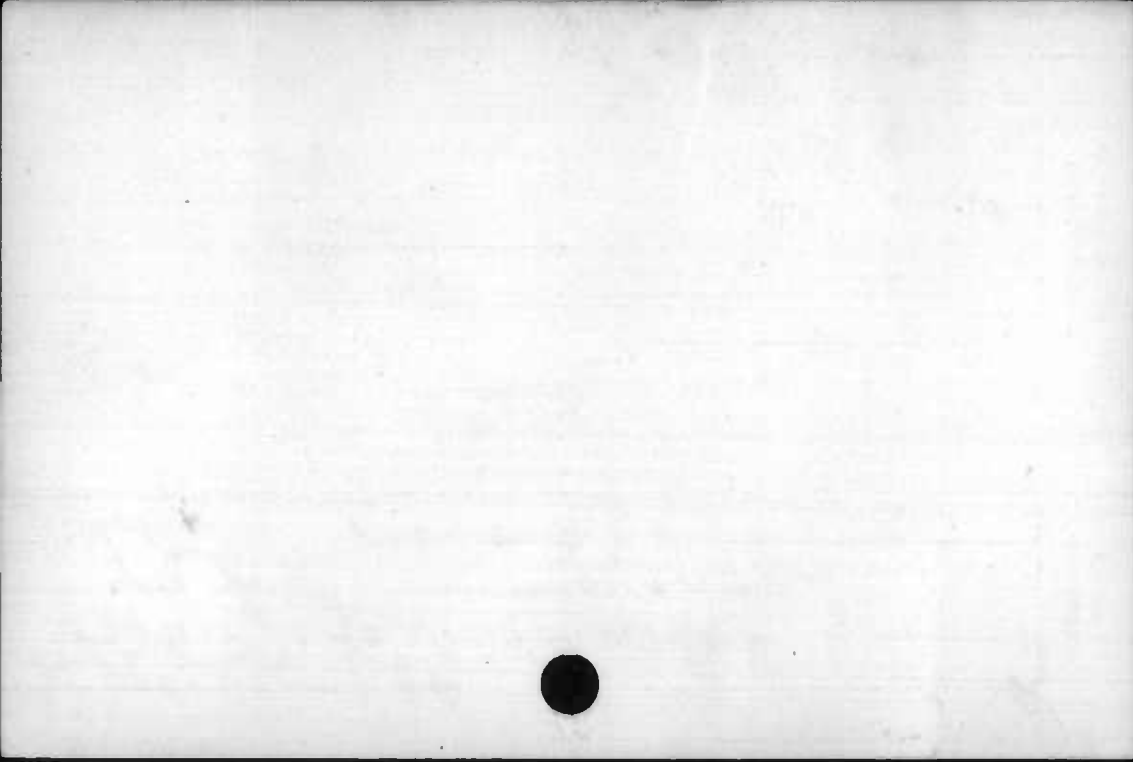
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Pratt		Town Lothian		County Anne Arundel		MARYLAND	
Died at Lothian		Month February		Day 19		Years 35	
Date of death 1909		Months —		Days —			
Sex Male		Color or Race Colored		Birth-place Anne Arundel			
Occupation Farmer				Where Residing if not at place of death —			
Married, Single or Widowed Married		Name of Wife or Husband Miss Peters					
Father's Name Alce Pratt				Father's Birthplace A.A.C. Md.			
Mother's Maiden Name Willie Peters				Mother's Birthplace A.A.C. Md.			
Name of person giving information James Pratt				How related to deceased Half brother			

CAUSES OF DEATH

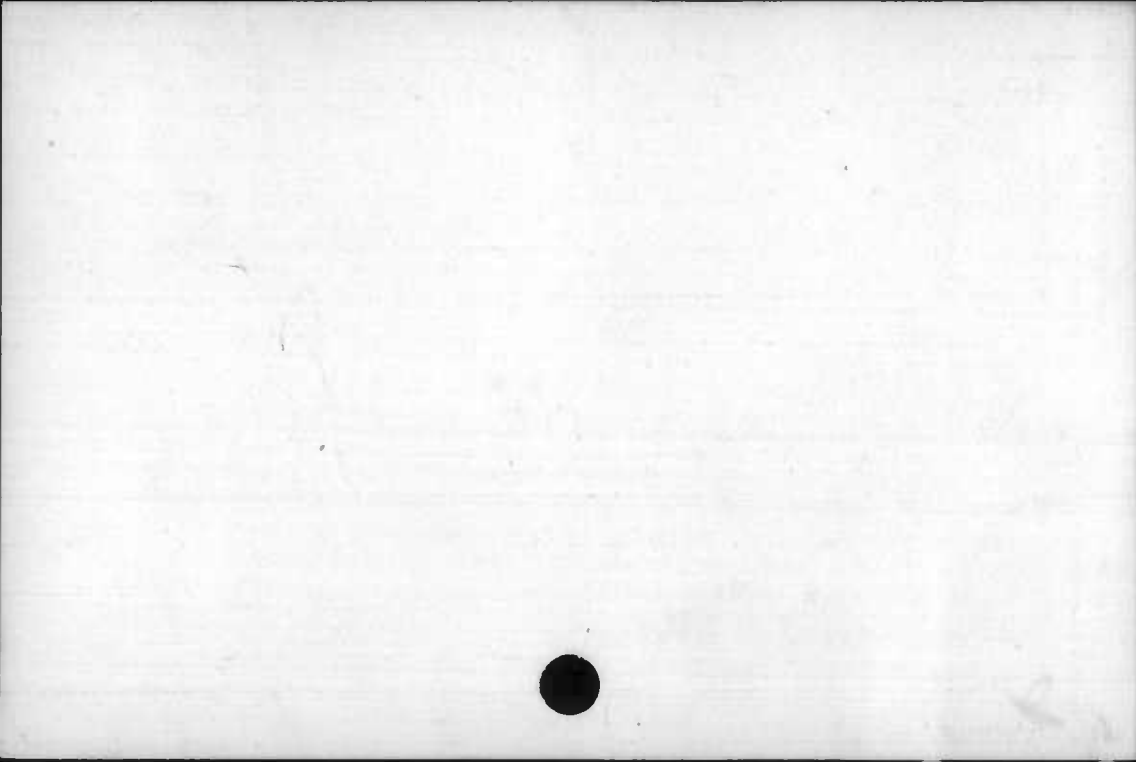
PHYSICIAN
OR CORONER

Primary Influenza	How long 10 Months
Immediate Valvular Heart Disease	How long 5- Months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Maclan Tawood, M.D.
	Address West River Md.
Accident or Suicide? —	



Name in Full		Charles Allen Shaw				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Age	Years	Months
	Sex		Color or Race		Birth-place		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace			Mother's Birthplace	
	Mother's Maiden Name		How related to deceased				
Name of person giving information							
		CAUSES OF DEATH				(92)	
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
	Accident or Suicide?						

LIBRARY BUREAU 482212



Name in Full *Mary E. Simon*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Waterbury* Town *aa* County
 Date of death 1909 Month *2* Day *13* Age _____
 Sex *Female* Color or Race *Negro.* Birth-place *Maryland*
 Occupation *infant* Where Residing if not at place of death _____

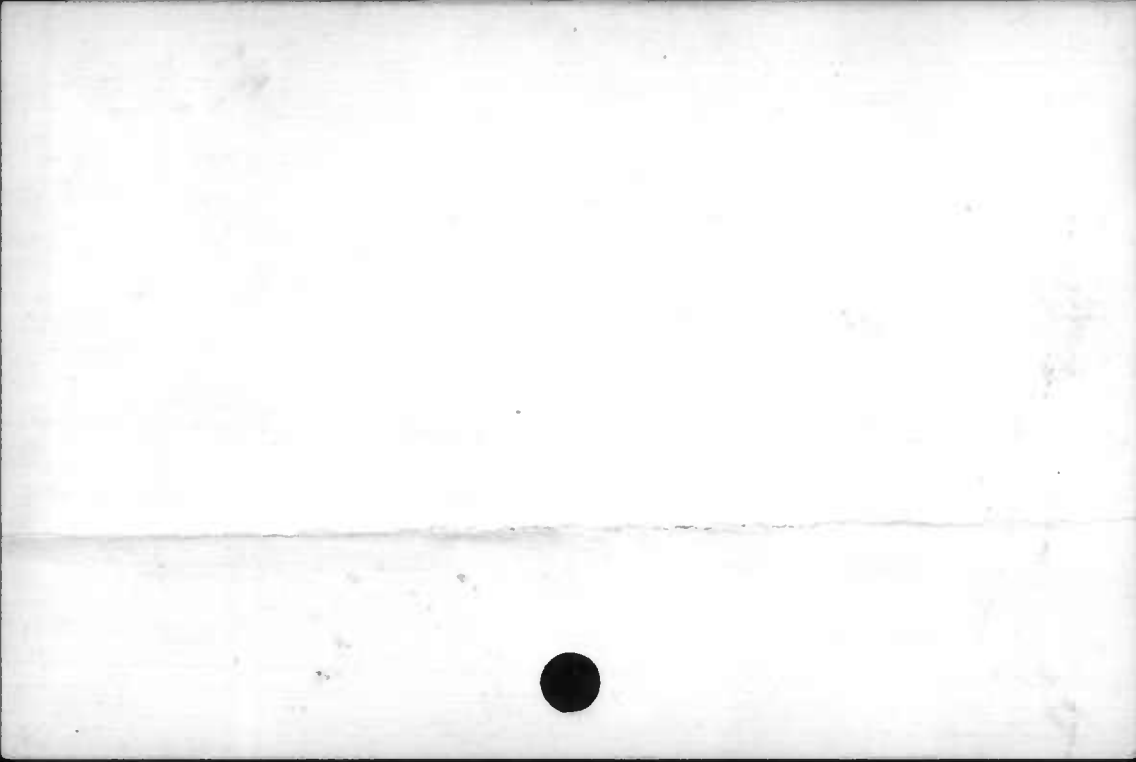
~~Married~~, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *David Simon* Father's Birthplace *Maryland*
 Mother's Maiden Name *Mary Butler* Mother's Birthplace " "
 Name of person giving Information *David Simon* How related to deceased *Father*

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary *Probable cause Bronchitis* How long _____
Natural Causes How long _____
 Immediate _____
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *D. D. Joyce*
Annie J. Placer Address *Millersville Ind.*
acting as Coroner Accident or Suicide _____



Name
in
Full

Mary Smith

CERTIFICATE OF DEATH

Died at ^{Town} Near Patuxent. ^{County} A. A. County

MARYLAND

Date of death 1909 ^{Month} 7 ^{Day} 2 ^{Age} 80 - ^{Years} ^{Months} ^{Days}Sex Female ^{Color or Race} White ^{Birth-place} Germany.Occupation Housewife. ^{Where Residing if not at place of death} Near Patuxent.Married, Single or Widowed Widow ^{Name of Wife or Husband} SmithFather's Name Nitzack ^{Father's Birthplace} Poland.Mother's Maiden Name Un known. ^{Mother's Birthplace} PolandName of person giving information Helen Bocklage ^{How related to deceased} Grand child

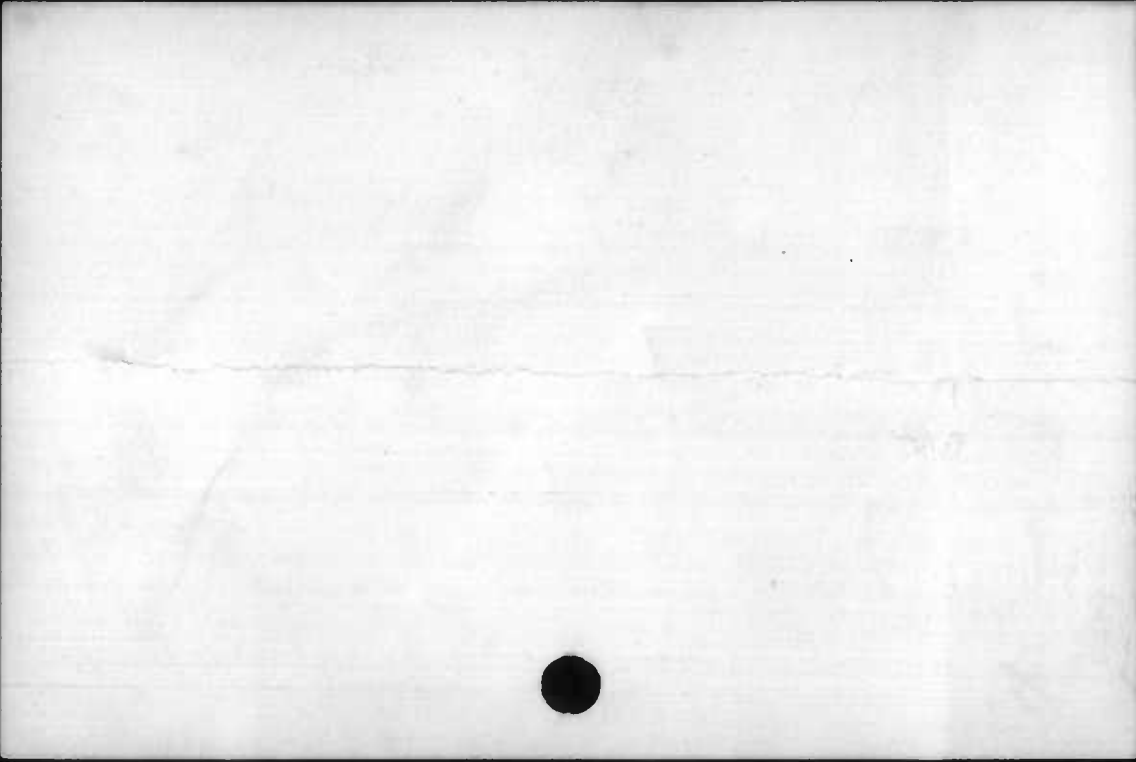
CAUSES OF DEATH

90

Primary Bronchitis ^{How long} Several daysImmediate Heart Failure ^{How long} Very shortAre the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Saml H. Anderson M.D.^{Address} Howardville "M"

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Caroline Steward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town

County

Died at on Rock Point Road 3rd dist. Anne Arundel Co

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

Feb.

7

Age

55-

-

-

Sex

Female

Color or
Race

Colored

Birth-
place

Anne Arundel Co

Occupation

House work

Where Residing if not
at place of death

-

Married, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

Jerry Steward

Father's
Birthplace

Anne Arundel Co

Mother's
Maiden Name

Harriett Munn

Mother's
Birthplace

Anne Arundel Co

Name of person giving
Information

Garrett Edwards

How related
to deceased

Brother-in-law

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Acute Indigestion

How long

One hour

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

James S. Bellinger M.D.

Address

Sect. registrar 3rd dist. A. & C.

M.D.

Accident or Suicide

No



Name
in
Full

Steel Born

Walker

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Harwood

D A Co

Date

Month

Day

Years

Months

Days

of death 1909 February

22

Age

0. Steel born

Sex

Male

Color or
Race

White

Birth-
place

Harwood Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

William Walker

Father's
Birthplace

Calvert Co Md

Mother's
Maiden Name

Sizzie Hat Bateman

Mother's
Birthplace

Charles Co Md

Name of person giving
In formation

Jm Walker

How related
to deceased

Father

CAUSES OF DEATH

Primary

Deformed Pelvis of Mother

How long

Immediate

Delivery

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Maclane Lawood Md

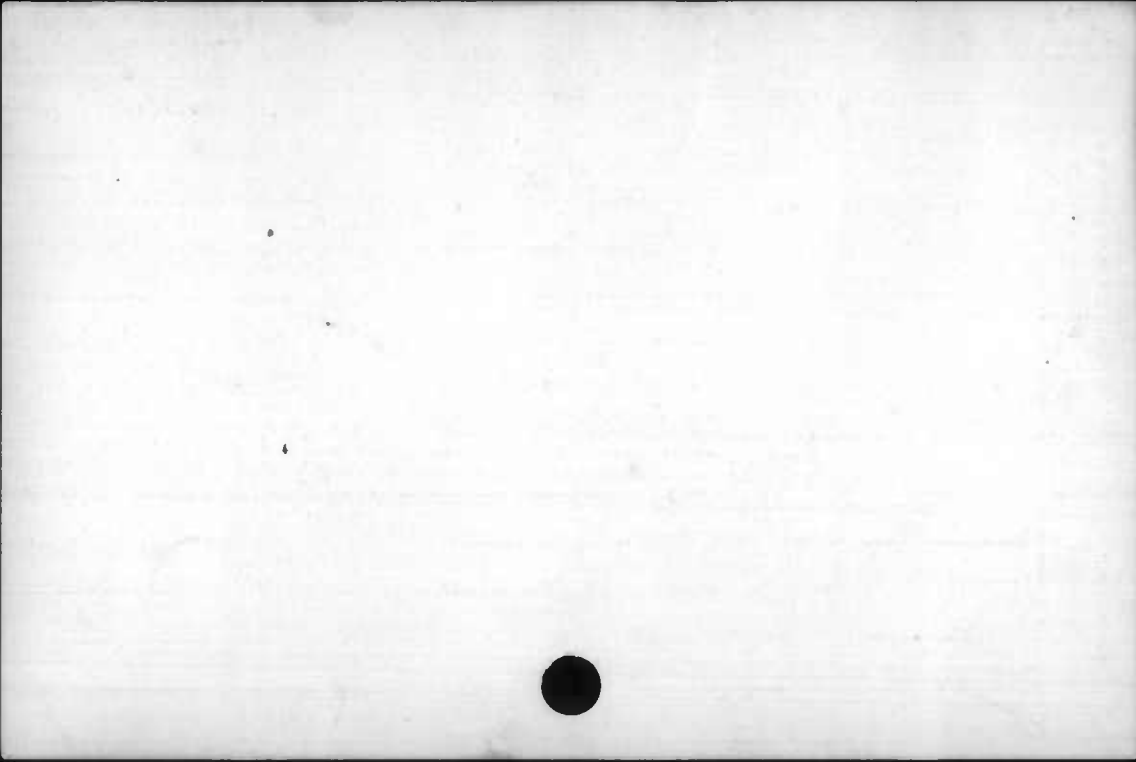
Address

West River

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Mary Elizabeth Wells				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Annapolis	County Anne Arundel		MARYLAND	
	Date of death	1909	Month Feb.	Day 10	Age 79	Months 5	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband James Wells			
	Father's Name	John. Mitchell				Father's Birthplace	Anne Arundel Co. Md
	Mother's Maiden Name	Ann Cornell				Mother's Birthplace	Queen Anne Co. Md
	Name of person giving information	Julia Feldmeyer				How related to deceased	Daughter
CAUSES OF DEATH							120
PHYSICIAN OR CORONER	Primary	Chronic Parachymatous Nephritis				How long	Several months
	Immediate	" " "				How long	" "
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. O. Purvis M.D.		
	Accident or Suicide?		No		Address Annapolis Maryland		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

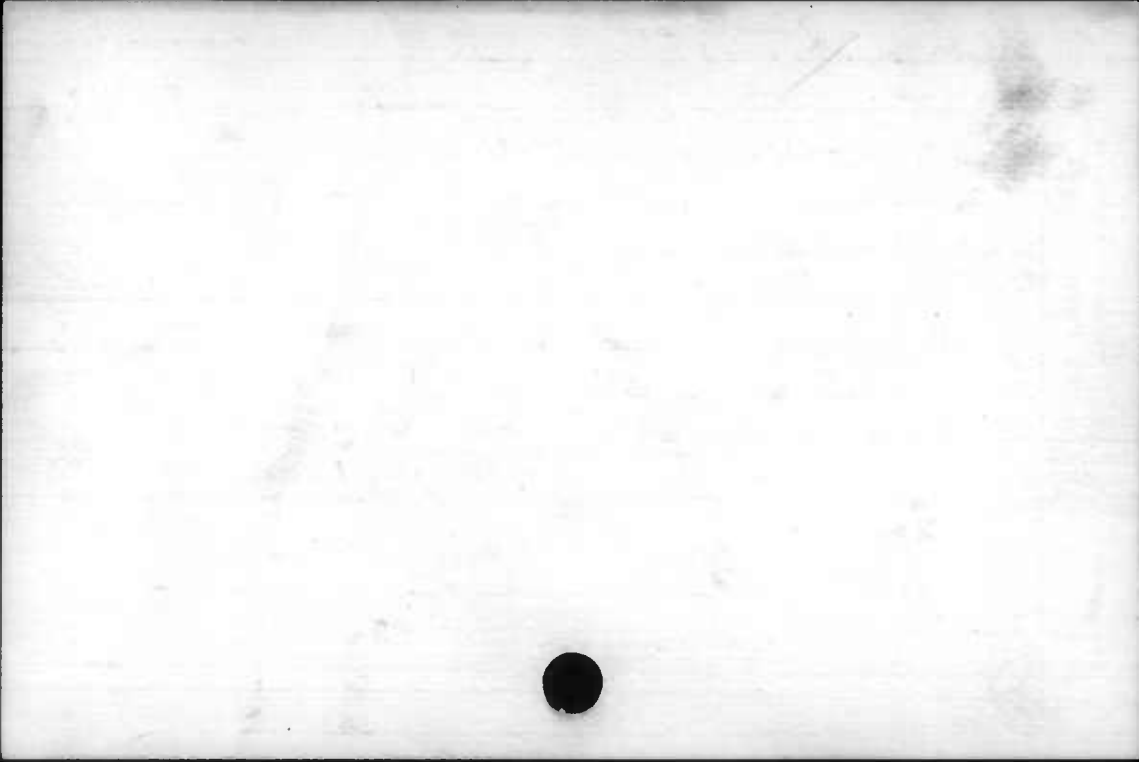
Name <i>Mary E. Wilson</i>		Town <i>Annapolis Md</i>		County <i>At. Co.</i>		STATE <i>MARYLAND</i>	
Died at		Month <i>Feb.</i>		Day <i>7th</i>		Years <i>47 yrs</i>	
Date of death <i>1909</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>bl</i>		Birth-place <i>At. Co. Md</i>			
Occupation <i>book</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Wilson</i>					
Father's Name <i>Charles Stewart</i>		Father's Birthplace <i>At. Co. Md</i>					
Mother's Maiden Name <i>Caroline Simms</i>		Mother's Birthplace <i>At. Co. Md</i>					
Name of person giving Information <i>John Wilson</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>Months</i>
Immediate	<i>Memia Expansion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>	
<i>yes</i>		Address <i>Annapolis Md</i>	
<input checked="" type="checkbox"/> Accident or Suicide			



Name
in
Full

Charles Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Lothian* Town*Anne Arundel* County

MARYLAND

Date of death *1904 Feb.*

Month

Day

Age

Years

Months

Days

Sex *Male*

Color or Race

white

Birth-place

A.A.C., Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Samuel Wood

Father's Birthplace

A.A.C. Md

Mother's Maiden Name

Mary Ireland

Mother's Birthplace

A.A.C. Md

Name of person giving information

Samuel Wood

How related to deceased

Father

CAUSES OF DEATH

Primary

Measles

How long

2 days

Immediate

Bruccho-Pneumonia

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

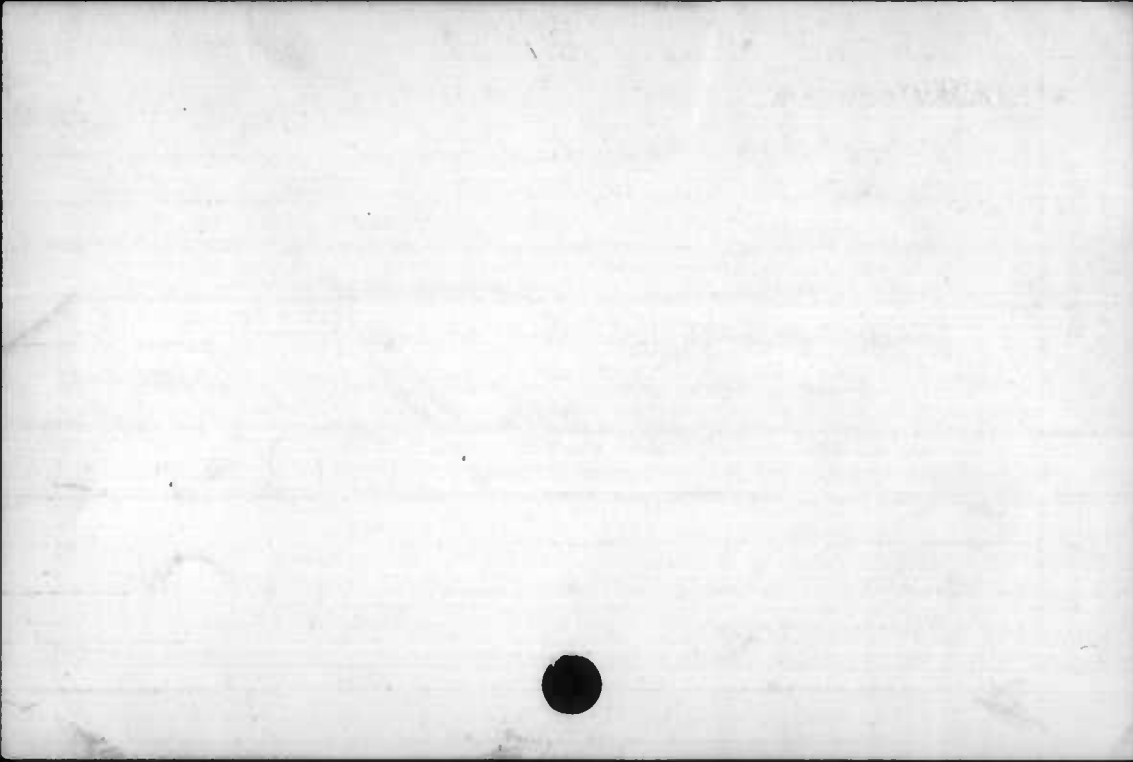
Signature of Physician

Mrs. Anne Wood

Address

*West River**Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Gussey Rayner Wright

Town

County

MARYLAND

Died at

Annapolis

Annapolis

Date

of death

1909

Month

July

Day

25

Age

39

Years

Months

9

Days

Sex

Female

Color or

Race

Colored

Birth-

place

Bully

Occupation

Cook

Where Residing if not

at place of death

Atton Lane

Married, Single
or Widowed

Married

Name of Wife or
Husband

Thomas Wright

Father's
Name

Jacob Rayner

Father's
Birthplace

Ballwin

Mother's
Maiden Name

Hyman Griffith

Mother's
Birthplace

Bully

Name of person giving
Information

Jacob Rayner

How related
to deceased

father

CAUSES OF DEATH

136

Primary

Confinement (Childbirth)

How long

4 days

Immediate

Post Operative Shock

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Anthony Garcia, M.D.

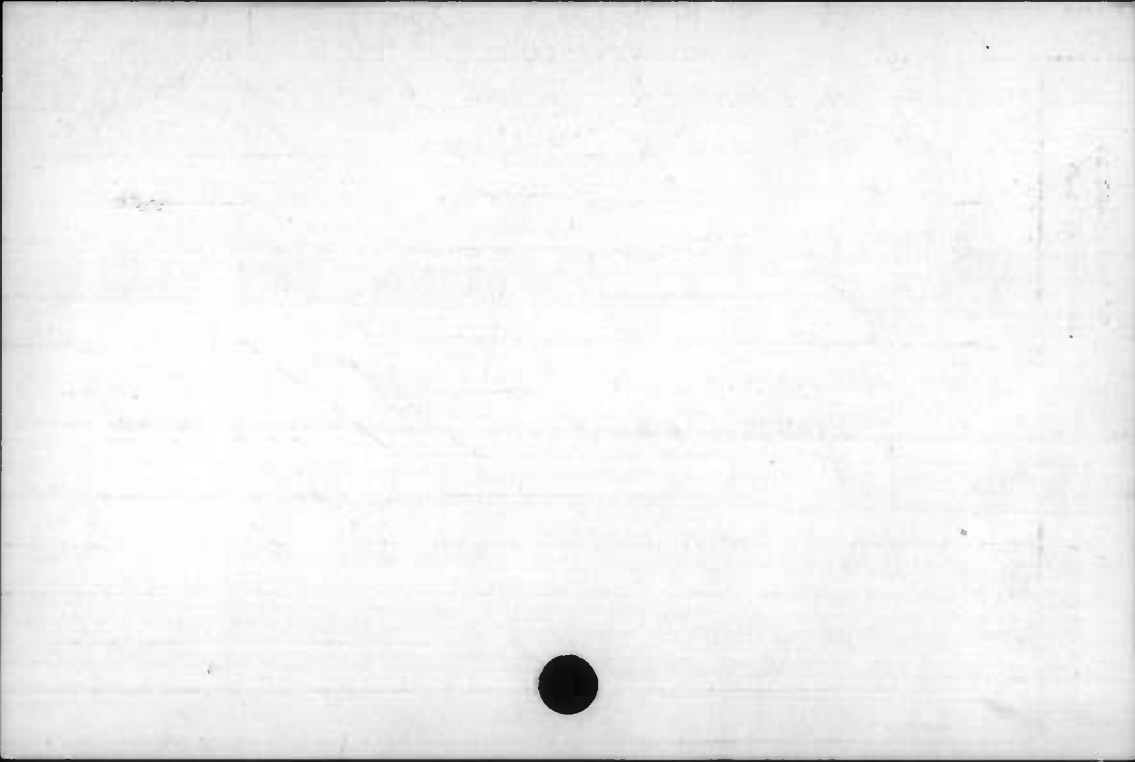
Address

12 Calvary St

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

(Still born)

Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis ^{Town} Anne Arundel ^{County} **MARYLAND**

Date of death 1909 ^{Month} Feb ^{Day} 24 Age ^{Years} ^{Months} ^{Days}

Sex male Color or Race Colored Birth-place Annapolis

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name

Thomas Wright

Father's Birthplace

Md

Mother's Maiden Name

Sarah Gussie Payner

Mother's Birthplace

Balto Md

Name of person giving Information

Jacob Payner

How related to deceased

Grandfather

CAUSES OF DEATH

How long

PHYSICIAN
OR CORONER

Primary

Still born

Immediate

"

"

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Huswell H.O.

Address

Annapolis

Accident or Suicide

